

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

The Northwestern Mutual Life Insurance Company Federal PAC

ADDRESS (number and street)

720 E Wisconsin Ave

☐Check if different
than previously
reported. (ACC)

Milwaukee

WI

53202

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00197095

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

11

19

2009

through

12

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Loretta Mlekoday

Signature of Treasurer

Electronically Filed by Loretta Mlekoday

Date

01

13

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 253

Write or Type Committee Name

The Northwestern Mutual Life Insurance Company Federal PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	1	9	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		210295.23
(b) Cash on Hand at Beginning of Reporting Period	167096.09	
(c) Total Receipts (from Line 19)	48024.40	350935.16
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	215120.49	561230.39
7. Total Disbursements (from Line 31)	31562.27	377672.17
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	183558.22	183558.22
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 253

Write or Type Committee Name

The Northwestern Mutual Life Insurance Company Federal PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
1	1	1	9	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
1	2	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	41310.76	270280.52
(ii) Unitemized	4711.00	77638.72
(iii) TOTAL (add Lines 11(a)(i) and (ii)	46021.76	347919.24
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	46021.76	347919.24
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	2000.00	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	2.64	15.92
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	48024.40	350935.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	48024.40	350935.16

DETAILED SUMMARY PAGE

of Disbursements

4 / 253

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	62.27	645.92	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	62.27	645.92	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31500.00	365151.25	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	375.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	375.00	
29. Other Disbursements.....	0.00	11500.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	31562.27	377672.17	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31562.27	377672.17	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 253

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	46021.76	347919.24
34. Total Contribution Refunds (from Line 28(d))	0.00	375.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46021.76	347544.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	62.27	645.92
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	62.27	645.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John M. Abbott

Mailing Address 609 Laurel Drive

City

Thiensville

State

WI

Zip Code

53092-1323

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Fld Invst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-521

Amount of Each Receipt this Period

11.00

B.

Full Name (Last, First, Middle Initial)

John M. Abbott

Mailing Address 609 Laurel Drive

City

Thiensville

State

WI

Zip Code

53092-1323

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Fld Invst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-521

Amount of Each Receipt this Period

11.00

C.

Full Name (Last, First, Middle Initial)

John M. Abbott

Mailing Address 609 Laurel Drive

City

Thiensville

State

WI

Zip Code

53092-1323

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Fld Invst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-521

Amount of Each Receipt this Period

11.00

SUBTOTAL of Receipts This Page (optional)

33.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mark J. Backe

Mailing Address 4419 N Wildwood Avenue

City

Shorewood

State

WI

Zip Code

53211-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-669

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Mark J. Backe

Mailing Address 4419 N Wildwood Avenue

City

Shorewood

State

WI

Zip Code

53211-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-669

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Mark J. Backe

Mailing Address 4419 N Wildwood Avenue

City

Shorewood

State

WI

Zip Code

53211-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-669

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jerome R. Baier

Mailing Address 19820 Tralee Court

City

Brookfield

State

WI

Zip Code

53045-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1224.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-710

Amount of Each Receipt this Period

51.00

B.

Full Name (Last, First, Middle Initial)

Jerome R. Baier

Mailing Address 19820 Tralee Court

City

Brookfield

State

WI

Zip Code

53045-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1224.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-710

Amount of Each Receipt this Period

51.00

C.

Full Name (Last, First, Middle Initial)

Jerome R. Baier

Mailing Address 19820 Tralee Court

City

Brookfield

State

WI

Zip Code

53045-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1224.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-710

Amount of Each Receipt this Period

51.00

SUBTOTAL of Receipts This Page (optional)

153.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

David A. Barras

Mailing Address 8700 W Bennington Court

City

Mequon

State

WI

Zip Code

53097-3440

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-690

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

David A. Barras

Mailing Address 8700 W Bennington Court

City

Mequon

State

WI

Zip Code

53097-3440

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-690

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

David A. Barras

Mailing Address 8700 W Bennington Court

City

Mequon

State

WI

Zip Code

53097-3440

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-690

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Rebekah B. Barsch

Mailing Address N46 W5455 Spring Court

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Strat Plng & Cnsltg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-836

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Rebekah B. Barsch

Mailing Address N46 W5455 Spring Court

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Strat Plng & Cnsltg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-836

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Rebekah B. Barsch

Mailing Address N46 W5455 Spring Court

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Strat Plng & Cnsltg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-836

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Gary H Barsness

Mailing Address 1671 Deer Springs Circle

City

Bettendorf

State

IA

Zip Code

52722-7148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-7

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Gary H Barsness

Mailing Address 1671 Deer Springs Circle

City

Bettendorf

State

IA

Zip Code

52722-7148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-7

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Gary H Barsness

Mailing Address 1671 Deer Springs Circle

City

Bettendorf

State

IA

Zip Code

52722-7148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-7

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Douglas P. Bates

Mailing Address 5413 Mount Corcoran Place

City State Zip Code
 Burke VA 22015-2188

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-564

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

Douglas P. Bates

Mailing Address 5413 Mount Corcoran Place

City State Zip Code
 Burke VA 22015-2188

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-564

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

Douglas P. Bates

Mailing Address 5413 Mount Corcoran Place

City State Zip Code
 Burke VA 22015-2188

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-564

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Blaise C. Beaulier

Mailing Address 23300 Dover Line Road

City

Waterford

State

WI

Zip Code

53185-4908

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-981

Amount of Each Receipt this Period

26.00

B.

Full Name (Last, First, Middle Initial)

Blaise C. Beaulier

Mailing Address 23300 Dover Line Road

City

Waterford

State

WI

Zip Code

53185-4908

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-981

Amount of Each Receipt this Period

26.00

C.

Full Name (Last, First, Middle Initial)

Blaise C. Beaulier

Mailing Address 23300 Dover Line Road

City

Waterford

State

WI

Zip Code

53185-4908

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-981

Amount of Each Receipt this Period

26.00

SUBTOTAL of Receipts This Page (optional)

78.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mitchell C Beer

Mailing Address 3387 Hampton Court

City

Thousand Oaks

State

CA

Zip Code

91362-1130

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-45

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Mitchell C Beer

Mailing Address 3387 Hampton Court

City

Thousand Oaks

State

CA

Zip Code

91362-1130

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-45

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Mitchell C Beer

Mailing Address 3387 Hampton Court

City

Thousand Oaks

State

CA

Zip Code

91362-1130

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-45

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John P Bender

Mailing Address 116 Belden Hill Road

City

Wilton

State

CT

Zip Code

06897-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-48

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

John P Bender

Mailing Address 116 Belden Hill Road

City

Wilton

State

CT

Zip Code

06897-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-48

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

John P Bender

Mailing Address 116 Belden Hill Road

City

Wilton

State

CT

Zip Code

06897-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-48

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Beth M. Berger

Mailing Address 4141 N Murray Avenue

City

Shorewood

State

WI

Zip Code

53211-2011

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	9	

Transaction ID: 20091203123618-559

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Beth M. Berger

Mailing Address 4141 N Murray Avenue

City

Shorewood

State

WI

Zip Code

53211-2011

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	9	

Transaction ID: 2009121613433-559

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Beth M. Berger

Mailing Address 4141 N Murray Avenue

City

Shorewood

State

WI

Zip Code

53211-2011

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	9	

Transaction ID: 2010011293122-559

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Frederick W. Bessette

Mailing Address N43 W33223 Glen Parc

City

Nashotah

State

WI

Zip Code

53058

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-519

Amount of Each Receipt this Period

11.00

B.

Full Name (Last, First, Middle Initial)

Frederick W. Bessette

Mailing Address N43 W33223 Glen Parc

City

Nashotah

State

WI

Zip Code

53058

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-519

Amount of Each Receipt this Period

11.00

C.

Full Name (Last, First, Middle Initial)

Frederick W. Bessette

Mailing Address N43 W33223 Glen Parc

City

Nashotah

State

WI

Zip Code

53058

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-519

Amount of Each Receipt this Period

11.00

SUBTOTAL of Receipts This Page (optional)

33.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mark S. Bishop

Mailing Address 1140 Burnet Street

City

Brookfield

State

WI

Zip Code

53005-6835

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Fld Supv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	9	

Transaction ID: 20091203123618-1005

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Mark S. Bishop

Mailing Address 1140 Burnet Street

City

Brookfield

State

WI

Zip Code

53005-6835

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Fld Supv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	9	

Transaction ID: 2009121613433-1005

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Mark S. Bishop

Mailing Address 1140 Burnet Street

City

Brookfield

State

WI

Zip Code

53005-6835

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Fld Supv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	9	

Transaction ID: 2010011293122-1005

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Dwaan C Black

Mailing Address 3520 Dumbarton Drive

City

Atlanta

State

GA

Zip Code

30327-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-41

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Dwaan C Black

Mailing Address 3520 Dumbarton Drive

City

Atlanta

State

GA

Zip Code

30327-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-41

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Dwaan C Black

Mailing Address 3520 Dumbarton Drive

City

Atlanta

State

GA

Zip Code

30327-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-41

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Garrett J Bleakley

Mailing Address 5460 Chelsea Avenue

City

La Jolla

State

CA

Zip Code

92037-7607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-20

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Garrett J Bleakley

Mailing Address 5460 Chelsea Avenue

City

La Jolla

State

CA

Zip Code

92037-7607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-20

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Garrett J Bleakley

Mailing Address 5460 Chelsea Avenue

City

La Jolla

State

CA

Zip Code

92037-7607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-20

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Deborah S. Bletzinger

Mailing Address 3146 South 29th Stre

City

Milwaukee

State

WI

Zip Code

53215

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Assistant Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-956

Amount of Each Receipt this Period

12.00

B.

Full Name (Last, First, Middle Initial)

Deborah S. Bletzinger

Mailing Address 3146 South 29th Stre

City

Milwaukee

State

WI

Zip Code

53215

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Assistant Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-956

Amount of Each Receipt this Period

12.00

C.

Full Name (Last, First, Middle Initial)

Deborah S. Bletzinger

Mailing Address 3146 South 29th Stre

City

Milwaukee

State

WI

Zip Code

53215

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Assistant Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-956

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)

36.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Debra Blevons Wascher

Mailing Address 165 S Pine Court

City

Appleton

State

WI

Zip Code

54914-8222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Debra Blevons Agy LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-73

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Debra Blevons Wascher

Mailing Address 165 S Pine Court

City

Appleton

State

WI

Zip Code

54914-8222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Debra Blevons Agy LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-73

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Debra Blevons Wascher

Mailing Address 165 S Pine Court

City

Appleton

State

WI

Zip Code

54914-8222

FEC ID number of contributing
federal political committee.

C

Name of Employer
Debra Blevons Agy LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-73

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Timothy J Bohannon

Mailing Address 8677 Alvarado Court

City

Inver Grove

State

MN

Zip Code

55077-3121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-22

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Timothy J Bohannon

Mailing Address 8677 Alvarado Court

City

Inver Grove

State

MN

Zip Code

55077-3121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-22

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Timothy J Bohannon

Mailing Address 8677 Alvarado Court

City

Inver Grove

State

MN

Zip Code

55077-3121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-22

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

David G Bostick

Mailing Address 5808 Pine Valley Drive

City

Flower Mound

State

TX

Zip Code

75022-6506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-32

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

David G Bostick

Mailing Address 5808 Pine Valley Drive

City

Flower Mound

State

TX

Zip Code

75022-6506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-32

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

David G Bostick

Mailing Address 5808 Pine Valley Drive

City

Flower Mound

State

TX

Zip Code

75022-6506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-32

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Sandra L. Botcher

Mailing Address 15375 Kata Drive

City

Elm Grove

State

WI

Zip Code

53122-1028

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP-Era

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-845

Amount of Each Receipt this Period

24.00

B.

Full Name (Last, First, Middle Initial)

Sandra L. Botcher

Mailing Address 15375 Kata Drive

City

Elm Grove

State

WI

Zip Code

53122-1028

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP-Era

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-845

Amount of Each Receipt this Period

24.00

C.

Full Name (Last, First, Middle Initial)

Sandra L. Botcher

Mailing Address 15375 Kata Drive

City

Elm Grove

State

WI

Zip Code

53122-1028

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP-Era

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-845

Amount of Each Receipt this Period

24.00

SUBTOTAL of Receipts This Page (optional)

72.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mark C. Boyle

Mailing Address 720 E Wisconsin Avenue

City

Milwaukee

State

WI

Zip Code

53202-4703

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	9	

Transaction ID: 20091203123618-860

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Mark C. Boyle

Mailing Address 720 E Wisconsin Avenue

City

Milwaukee

State

WI

Zip Code

53202-4703

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	9	

Transaction ID: 2009121613433-860

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Mark C. Boyle

Mailing Address 720 E Wisconsin Avenue

City

Milwaukee

State

WI

Zip Code

53202-4703

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	9	

Transaction ID: 2010011293122-860

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jennifer L. Brase

Mailing Address 12877 N Cobblestone

City

Mequon

State

WI

Zip Code

53097-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Fld Supv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-880

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Jennifer L. Brase

Mailing Address 12877 N Cobblestone

City

Mequon

State

WI

Zip Code

53097-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Fld Supv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-880

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Jennifer L. Brase

Mailing Address 12877 N Cobblestone

City

Mequon

State

WI

Zip Code

53097-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Fld Supv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-880

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Kristofer D. Breitzman

Mailing Address W290 N3649 Tall Tree

City

Pewaukee

State

WI

Zip Code

53072

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-965

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Kristofer D. Breitzman

Mailing Address W290 N3649 Tall Tree

City

Pewaukee

State

WI

Zip Code

53072

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-965

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Kristofer D. Breitzman

Mailing Address W290 N3649 Tall Tree

City

Pewaukee

State

WI

Zip Code

53072

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-965

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Anne T. Brower

Mailing Address 2314 E Edgewood Avenue

City

Shorewood

State

WI

Zip Code

53211-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-547

Amount of Each Receipt this Period

12.00

B.

Full Name (Last, First, Middle Initial)

Anne T. Brower

Mailing Address 2314 E Edgewood Avenue

City

Shorewood

State

WI

Zip Code

53211-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-547

Amount of Each Receipt this Period

12.00

C.

Full Name (Last, First, Middle Initial)

Anne T. Brower

Mailing Address 2314 E Edgewood Avenue

City

Shorewood

State

WI

Zip Code

53211-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-547

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)

36.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Pency P. Byhardt

Mailing Address W148 N10042 Windsong

City

Germantown

State

WI

Zip Code

53022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Field Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-1051

Amount of Each Receipt this Period

12.00

B.

Full Name (Last, First, Middle Initial)

Pency P. Byhardt

Mailing Address W148 N10042 Windsong

City

Germantown

State

WI

Zip Code

53022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Field Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-1051

Amount of Each Receipt this Period

12.00

C.

Full Name (Last, First, Middle Initial)

Pency P. Byhardt

Mailing Address W148 N10042 Windsong

City

Germantown

State

WI

Zip Code

53022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Field Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-1051

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)

36.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Michael T Byrne

Mailing Address 395 La Casa Viaduct

City

Walnut Creek

State

CA

Zip Code

94598-4842

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2312.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 20091203123535-39

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Michael T Byrne

Mailing Address 395 La Casa Viaduct

City

Walnut Creek

State

CA

Zip Code

94598-4842

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2312.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: 20091216134220-39

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Michael T Byrne

Mailing Address 395 La Casa Viaduct

City

Walnut Creek

State

CA

Zip Code

94598-4842

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2312.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: 2010011293038-39

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Susan W. Callanan

Mailing Address 2736 N Shepard Avenue

City

Milwaukee

State

WI

Zip Code

53211-3852

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Legislative Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-1090

Amount of Each Receipt this Period

12.00

B.

Full Name (Last, First, Middle Initial)

Susan W. Callanan

Mailing Address 2736 N Shepard Avenue

City

Milwaukee

State

WI

Zip Code

53211-3852

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Legislative Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-1090

Amount of Each Receipt this Period

12.00

C.

Full Name (Last, First, Middle Initial)

Susan W. Callanan

Mailing Address 2736 N Shepard Avenue

City

Milwaukee

State

WI

Zip Code

53211-3852

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Legislative Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-1090

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)

36.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Michael G. Carter

Mailing Address 7322 N Mohawk Road

City

Fox Point

State

WI

Zip Code

53217-3454

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-986

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Michael G. Carter

Mailing Address 7322 N Mohawk Road

City

Fox Point

State

WI

Zip Code

53217-3454

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-986

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Michael G. Carter

Mailing Address 7322 N Mohawk Road

City

Fox Point

State

WI

Zip Code

53217-3454

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-986

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Gregory V Castronovo

Mailing Address 317 Evening Star Lane

City

Bozeman

State

MT

Zip Code

59715-7738

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-55

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Gregory V Castronovo

Mailing Address 317 Evening Star Lane

City

Bozeman

State

MT

Zip Code

59715-7738

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-55

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Gregory V Castronovo

Mailing Address 317 Evening Star Lane

City

Bozeman

State

MT

Zip Code

59715-7738

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-55

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Scott G Christensen

Mailing Address 12 High Meadow Lane

City

Amherst

State

NH

Zip Code

03031-2554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christensen Fcl Gp LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-54

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Scott G Christensen

Mailing Address 12 High Meadow Lane

City

Amherst

State

NH

Zip Code

03031-2554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christensen Fcl Gp LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-54

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Scott G Christensen

Mailing Address 12 High Meadow Lane

City

Amherst

State

NH

Zip Code

03031-2554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christensen Fcl Gp LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-54

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Eric P. Christophersen

Mailing Address N55 W21701 Adamdale

City

Menomonee Fal

State

WI

Zip Code

53051

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Compliance/Bp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

996.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-711

Amount of Each Receipt this Period

53.00

B.

Full Name (Last, First, Middle Initial)

Eric P. Christophersen

Mailing Address N55 W21701 Adamdale

City

Menomonee Fal

State

WI

Zip Code

53051

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Compliance/Bp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

996.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-711

Amount of Each Receipt this Period

53.00

C.

Full Name (Last, First, Middle Initial)

Eric P. Christophersen

Mailing Address N55 W21701 Adamdale

City

Menomonee Fal

State

WI

Zip Code

53051

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Compliance/Bp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

996.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-711

Amount of Each Receipt this Period

53.00

SUBTOTAL of Receipts This Page (optional)

159.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

David D. Clark

Mailing Address 923 E Kilbourn

City

Milwaukee

State

WI

Zip Code

53202-3493

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3348.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 20091203123618-684

Amount of Each Receipt this Period

118.00

B.

Full Name (Last, First, Middle Initial)

David D. Clark

Mailing Address 923 E Kilbourn

City

Milwaukee

State

WI

Zip Code

53202-3493

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3348.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: 2009121613433-684

Amount of Each Receipt this Period

118.00

C.

Full Name (Last, First, Middle Initial)

David D. Clark

Mailing Address 923 E Kilbourn

City

Milwaukee

State

WI

Zip Code

53202-3493

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3348.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: 2010011293122-684

Amount of Each Receipt this Period

118.00

SUBTOTAL of Receipts This Page (optional)

354.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Richard M Condrey

Mailing Address 907 Williamson Drive

City

Raleigh

State

NC

Zip Code

27608-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolina Condrey Grp

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-16

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Richard M Condrey

Mailing Address 907 Williamson Drive

City

Raleigh

State

NC

Zip Code

27608-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolina Condrey Grp

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-16

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Richard M Condrey

Mailing Address 907 Williamson Drive

City

Raleigh

State

NC

Zip Code

27608-2307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolina Condrey Grp

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-16

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Barbara E. Courtney

Mailing Address 4600 N Wilshire Road

City

Whitefish Bay

State

WI

Zip Code

53211-1260

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Mut Fund Acctg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-712

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Barbara E. Courtney

Mailing Address 4600 N Wilshire Road

City

Whitefish Bay

State

WI

Zip Code

53211-1260

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Mut Fund Acctg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-712

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Barbara E. Courtney

Mailing Address 4600 N Wilshire Road

City

Whitefish Bay

State

WI

Zip Code

53211-1260

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Mut Fund Acctg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-712

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Charles T. Cruse

Mailing Address 2961 Belclaire Drive

City

Frisco

State

TX

Zip Code

75034-5969

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cruse Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 20091203123535-44

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Charles T. Cruse

Mailing Address 2961 Belclaire Drive

City

Frisco

State

TX

Zip Code

75034-5969

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cruse Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: 20091216134220-44

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Charles T. Cruse

Mailing Address 2961 Belclaire Drive

City

Frisco

State

TX

Zip Code

75034-5969

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cruse Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: 2010011293038-44

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Brian R Cunningham

Mailing Address 6251 S Billings Way

City

Centennial

State

CO

Zip Code

80111-6009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-38

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Brian R Cunningham

Mailing Address 6251 S Billings Way

City

Centennial

State

CO

Zip Code

80111-6009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-38

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Brian R Cunningham

Mailing Address 6251 S Billings Way

City

Centennial

State

CO

Zip Code

80111-6009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-38

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jefferson V. De Angelis

Mailing Address 4449 Donges Bay Road

City

Mequon

State

WI

Zip Code

53092-4883

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

President Msa

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2010.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-587

Amount of Each Receipt this Period

169.00

B.

Full Name (Last, First, Middle Initial)

Jefferson V. De Angelis

Mailing Address 4449 Donges Bay Road

City

Mequon

State

WI

Zip Code

53092-4883

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

President Msa

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2010.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-587

Amount of Each Receipt this Period

169.00

C.

Full Name (Last, First, Middle Initial)

Jefferson V. De Angelis

Mailing Address 4449 Donges Bay Road

City

Mequon

State

WI

Zip Code

53092-4883

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

President Msa

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2010.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-587

Amount of Each Receipt this Period

169.00

SUBTOTAL of Receipts This Page (optional)

507.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Lew D Derrickson

Mailing Address 5799 Sunset Lane

City

Indianapolis

State

IN

Zip Code

46228-1447

FEC ID number of contributing
federal political committee.

C

Name of Employer
Derrickson Fncl Grp

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-14

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Lew D Derrickson

Mailing Address 5799 Sunset Lane

City

Indianapolis

State

IN

Zip Code

46228-1447

FEC ID number of contributing
federal political committee.

C

Name of Employer
Derrickson Fncl Grp

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-14

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Lew D Derrickson

Mailing Address 5799 Sunset Lane

City

Indianapolis

State

IN

Zip Code

46228-1447

FEC ID number of contributing
federal political committee.

C

Name of Employer
Derrickson Fncl Grp

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-14

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Blane Dexheimer

Mailing Address 350 Sheffield Drive

City

Brookfield

State

WI

Zip Code

53005-7926

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-563

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Blane Dexheimer

Mailing Address 350 Sheffield Drive

City

Brookfield

State

WI

Zip Code

53005-7926

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-563

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Blane Dexheimer

Mailing Address 350 Sheffield Drive

City

Brookfield

State

WI

Zip Code

53005-7926

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-563

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

James S Dobbs

Mailing Address RR 1 Box 51B

City

Ripley

State

WV

Zip Code

25271-9705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	9	

Transaction ID: 20091203123535-9

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

James S Dobbs

Mailing Address RR 1 Box 51B

City

Ripley

State

WV

Zip Code

25271-9705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	9	

Transaction ID: 20091216134220-9

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

James S Dobbs

Mailing Address RR 1 Box 51B

City

Ripley

State

WV

Zip Code

25271-9705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	9	

Transaction ID: 2010011293038-9

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mark G. Doll

Mailing Address 8420 N Pelican Lane

City

River Hills

State

WI

Zip Code

53217-2058

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
EVP & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-859

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Mark G. Doll

Mailing Address 8420 N Pelican Lane

City

River Hills

State

WI

Zip Code

53217-2058

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
EVP & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-859

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Mark G. Doll

Mailing Address 8420 N Pelican Lane

City

River Hills

State

WI

Zip Code

53217-2058

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
EVP & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-859

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Steven Dugal

Mailing Address 9 Falcon Drive

City

Mandeville

State

LA

Zip Code

70471-2952

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3664.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 20091203123535-42

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Steven Dugal

Mailing Address 9 Falcon Drive

City

Mandeville

State

LA

Zip Code

70471-2952

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3664.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: 20091216134220-42

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Steven Dugal

Mailing Address 9 Falcon Drive

City

Mandeville

State

LA

Zip Code

70471-2952

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3664.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: 2010011293038-42

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John E. Dunn

Mailing Address N71W31034 Lower Club

City

Hartland

State

WI

Zip Code

53029-8716

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Ipas Cnsl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

888.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-639

Amount of Each Receipt this Period

37.00

B.

Full Name (Last, First, Middle Initial)

John E. Dunn

Mailing Address N71W31034 Lower Club

City

Hartland

State

WI

Zip Code

53029-8716

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Ipas Cnsl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

888.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-639

Amount of Each Receipt this Period

37.00

C.

Full Name (Last, First, Middle Initial)

John E. Dunn

Mailing Address N71W31034 Lower Club

City

Hartland

State

WI

Zip Code

53029-8716

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Ipas Cnsl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

888.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-639

Amount of Each Receipt this Period

37.00

SUBTOTAL of Receipts This Page (optional)

111.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

James R Effner, Jr.

Mailing Address 2520 Hanford Lane

City

Aurora

State

IL

Zip Code

60502-6969

FEC ID number of contributing
federal political committee.

C

Name of Employer
Effner Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-46

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

James R Effner, Jr.

Mailing Address 2520 Hanford Lane

City

Aurora

State

IL

Zip Code

60502-6969

FEC ID number of contributing
federal political committee.

C

Name of Employer
Effner Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-46

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

James R Effner, Jr.

Mailing Address 2520 Hanford Lane

City

Aurora

State

IL

Zip Code

60502-6969

FEC ID number of contributing
federal political committee.

C

Name of Employer
Effner Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-46

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Eric J. Ekeroth

Mailing Address 19672 Stanford Hall

City

Ashburn

State

VA

Zip Code

20147-5223

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director Field Prod

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-605

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Eric J. Ekeroth

Mailing Address 19672 Stanford Hall

City

Ashburn

State

VA

Zip Code

20147-5223

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director Field Prod

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-605

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Eric J. Ekeroth

Mailing Address 19672 Stanford Hall

City

Ashburn

State

VA

Zip Code

20147-5223

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director Field Prod

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-605

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Ralph David Ells

Mailing Address 9927 N Valley Hill D

City

Mequon

State

WI

Zip Code

53092

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

888.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-899

Amount of Each Receipt this Period

38.00

B.

Full Name (Last, First, Middle Initial)

Ralph David Ells

Mailing Address 9927 N Valley Hill D

City

Mequon

State

WI

Zip Code

53092

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

888.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-899

Amount of Each Receipt this Period

38.00

C.

Full Name (Last, First, Middle Initial)

Ralph David Ells

Mailing Address 9927 N Valley Hill D

City

Mequon

State

WI

Zip Code

53092

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

888.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-899

Amount of Each Receipt this Period

38.00

SUBTOTAL of Receipts This Page (optional)

114.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Keith A Erhard

Mailing Address 4807 Timberwood Court

City

West Des Moines

State

IA

Zip Code

50265-5447

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-31

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Keith A Erhard

Mailing Address 4807 Timberwood Court

City

West Des Moines

State

IA

Zip Code

50265-5447

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-31

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Keith A Erhard

Mailing Address 4807 Timberwood Court

City

West Des Moines

State

IA

Zip Code

50265-5447

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-31

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John C Ertz

Mailing Address 18235 Shaker Boulevard

City

Shaker Heights

State

OH

Zip Code

44120-1754

FEC ID number of contributing
federal political committee.

C

Name of Employer
JCE Financial Group

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1680.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 20091203123535-30

Amount of Each Receipt this Period

70.00

B.

Full Name (Last, First, Middle Initial)

John C Ertz

Mailing Address 18235 Shaker Boulevard

City

Shaker Heights

State

OH

Zip Code

44120-1754

FEC ID number of contributing
federal political committee.

C

Name of Employer
JCE Financial Group

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1680.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: 20091216134220-30

Amount of Each Receipt this Period

70.00

C.

Full Name (Last, First, Middle Initial)

John C Ertz

Mailing Address 18235 Shaker Boulevard

City

Shaker Heights

State

OH

Zip Code

44120-1754

FEC ID number of contributing
federal political committee.

C

Name of Employer
JCE Financial Group

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1680.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: 2010011293038-30

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Christina H. Fiasca

Mailing Address 9230 N Fairway Drive

City

Bayside

State

WI

Zip Code

53217-1317

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Agency Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2220.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-927

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

Christina H. Fiasca

Mailing Address 9230 N Fairway Drive

City

Bayside

State

WI

Zip Code

53217-1317

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Agency Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2220.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-927

Amount of Each Receipt this Period

85.00

C.

Full Name (Last, First, Middle Initial)

Christina H. Fiasca

Mailing Address 9230 N Fairway Drive

City

Bayside

State

WI

Zip Code

53217-1317

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Agency Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2220.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-927

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

255.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Nancy Filsinger

Mailing Address 3838 N Oakland Avenue

City

Shorewood

State

WI

Zip Code

53211-2258

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Facility Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-779

Amount of Each Receipt this Period

9.00

B.

Full Name (Last, First, Middle Initial)

Nancy Filsinger

Mailing Address 3838 N Oakland Avenue

City

Shorewood

State

WI

Zip Code

53211-2258

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Facility Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-779

Amount of Each Receipt this Period

9.00

C.

Full Name (Last, First, Middle Initial)

Daniel M. Flesch

Mailing Address 369 Sunshine Drive

City

Hartland

State

WI

Zip Code

53029-8559

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-931

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

33.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Daniel M. Flesch

Mailing Address 369 Sunshine Drive

City

Hartland

State

WI

Zip Code

53029-8559

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: 2009121613433-931

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Daniel M. Flesch

Mailing Address 369 Sunshine Drive

City

Hartland

State

WI

Zip Code

53029-8559

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: 2010011293122-931

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

John E Fobes, II

Mailing Address 1638 Del Dayo Drive

City

Carmichael

State

CA

Zip Code

95608-6052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 20091203123535-35

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

238.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John E Fobes, II

Mailing Address 1638 Del Dayo Drive

City

Carmichael

State

CA

Zip Code

95608-6052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-35

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

John E Fobes, II

Mailing Address 1638 Del Dayo Drive

City

Carmichael

State

CA

Zip Code

95608-6052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-35

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Donald Forecki

Mailing Address 208 Laurel Lane

City

South Milwauk

State

WI

Zip Code

53172-1071

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Inv Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-791

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

431.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Donald Forecki

Mailing Address 208 Laurel Lane

City

South Milwauk

State

WI

Zip Code

53172-1071

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Dir Inv Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-791

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Donald Forecki

Mailing Address 208 Laurel Lane

City

South Milwauk

State

WI

Zip Code

53172-1071

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Dir Inv Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-791

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Lee M Fortenberry

Mailing Address 115 Hillside Road

City

Mechanicsburg

State

PA

Zip Code

17050-1728

FEC ID number of contributing
federal political committee.

C

Name of Employer
NM Harrisburg Inc

Occupation
Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-56

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

72.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Lee M Fortenberry

Mailing Address 115 Hillside Road

City

Mechanicsburg

State

PA

Zip Code

17050-1728

FEC ID number of contributing
federal political committee.

C

Name of Employer
NM Harrisburg Inc

Occupation

Special Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-56

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Lee M Fortenberry

Mailing Address 115 Hillside Road

City

Mechanicsburg

State

PA

Zip Code

17050-1728

FEC ID number of contributing
federal political committee.

C

Name of Employer
NM Harrisburg Inc

Occupation

Special Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-56

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Lance P Franczyk

Mailing Address 2224 E 24th Street

City

Tulsa

State

OK

Zip Code

74114-2912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pillars Fncl LLC

Occupation

Special Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-58

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Lance P Franczyk

Mailing Address 2224 E 24th Street

City

Tulsa

State

OK

Zip Code

74114-2912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pillars Fncl LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	9	

Transaction ID: 20091216134220-58

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Lance P Franczyk

Mailing Address 2224 E 24th Street

City

Tulsa

State

OK

Zip Code

74114-2912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pillars Fncl LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	9	

Transaction ID: 2010011293038-58

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Stephen J. Frankl

Mailing Address 1462 Willow Drive

City

Port Washingt

State

WI

Zip Code

53074-2464

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Di Sls Strt Spt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	9	

Transaction ID: 20091203123618-1080

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional)

97.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Stephen J. Frankl

Mailing Address 1462 Willow Drive

City

Port Washingt

State

WI

Zip Code

53074-2464

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Di Sls Strt Spt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-1080

Amount of Each Receipt this Period

13.00

B.

Full Name (Last, First, Middle Initial)

Stephen J. Frankl

Mailing Address 1462 Willow Drive

City

Port Washingt

State

WI

Zip Code

53074-2464

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Di Sls Strt Spt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-1080

Amount of Each Receipt this Period

13.00

C.

Full Name (Last, First, Middle Initial)

Robert T Frieling

Mailing Address 5 Gennaro Circle

City

Wayland

State

MA

Zip Code

01778-4436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-29

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

151.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Robert T Frieling

Mailing Address 5 Gennaro Circle

City

Wayland

State

MA

Zip Code

01778-4436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-29

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Robert T Frieling

Mailing Address 5 Gennaro Circle

City

Wayland

State

MA

Zip Code

01778-4436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-29

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Anne A. Frigo

Mailing Address 4856 N Woodruff Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5964

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Ins Prod Compl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-645

Amount of Each Receipt this Period

9.00

SUBTOTAL of Receipts This Page (optional)

259.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Anne A. Frigo

Mailing Address 4856 N Woodruff Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5964

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Ins Prod Compl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: 2010011293122-645

Amount of Each Receipt this Period

9.00

B.

Full Name (Last, First, Middle Initial)

John M. Fuhrmann

Mailing Address 14363 W Farrell Drive

City

New Berlin

State

WI

Zip Code

53151-5929

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Mgr Info Sys

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	9

Transaction ID: 2009121613433-951

Amount of Each Receipt this Period

9.00

C.

Full Name (Last, First, Middle Initial)

John M. Fuhrmann

Mailing Address 14363 W Farrell Drive

City

New Berlin

State

WI

Zip Code

53151-5929

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Mgr Info Sys

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: 2010011293122-951

Amount of Each Receipt this Period

9.00

SUBTOTAL of Receipts This Page (optional)

27.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Sheila M. Gavin

Mailing Address 5735 N Crestwood Blv

City

Glendale

State

WI

Zip Code

53209-4309

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

528.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-1054

Amount of Each Receipt this Period

27.00

B.

Full Name (Last, First, Middle Initial)

Sheila M. Gavin

Mailing Address 5735 N Crestwood Blv

City

Glendale

State

WI

Zip Code

53209-4309

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

528.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-1054

Amount of Each Receipt this Period

27.00

C.

Full Name (Last, First, Middle Initial)

Sheila M. Gavin

Mailing Address 5735 N Crestwood Blv

City

Glendale

State

WI

Zip Code

53209-4309

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

528.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-1054

Amount of Each Receipt this Period

27.00

SUBTOTAL of Receipts This Page (optional)

81.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Timothy J. Gerend

Mailing Address 5421 N Idlewild Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5331

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Field Comp & Plg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-632

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Timothy J. Gerend

Mailing Address 5421 N Idlewild Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5331

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Field Comp & Plg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-632

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Timothy J. Gerend

Mailing Address 5421 N Idlewild Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5331

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Field Comp & Plg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-632

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Walter M. Givler

Mailing Address 13040 Hawthorne Lane

City

New Berlin

State

WI

Zip Code

53151-8742

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Acctg Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-627

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Walter M. Givler

Mailing Address 13040 Hawthorne Lane

City

New Berlin

State

WI

Zip Code

53151-8742

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Acctg Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-627

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Walter M. Givler

Mailing Address 13040 Hawthorne Lane

City

New Berlin

State

WI

Zip Code

53151-8742

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Acctg Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-627

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Robert P. Glazier

Mailing Address W299S8578 State Road

City

Mukwonago

State

WI

Zip Code

53149

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Dir Act Sys

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-517

Amount of Each Receipt this Period

13.00

B.

Full Name (Last, First, Middle Initial)

Robert P. Glazier

Mailing Address W299S8578 State Road

City

Mukwonago

State

WI

Zip Code

53149

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Dir Act Sys

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-517

Amount of Each Receipt this Period

13.00

C.

Full Name (Last, First, Middle Initial)

Robert P. Glazier

Mailing Address W299S8578 State Road

City

Mukwonago

State

WI

Zip Code

53149

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Dir Act Sys

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-517

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional)

39.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mitchell B Glover

Mailing Address 6700 Old Darby Trail Northeast

City

Ada

State

MI

Zip Code

49301-8360

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western MI Group LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1672.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-27

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Mitchell B Glover

Mailing Address 6700 Old Darby Trail Northeast

City

Ada

State

MI

Zip Code

49301-8360

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western MI Group LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1672.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-27

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Mitchell B Glover

Mailing Address 6700 Old Darby Trail Northeast

City

Ada

State

MI

Zip Code

49301-8360

FEC ID number of contributing
federal political committee.

C

Name of Employer
Western MI Group LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1672.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-27

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mark J. Gmach

Mailing Address 14315 Radiant Court

City

Brookfield

State

WI

Zip Code

53005-7073

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Field Spv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-894

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Mark J. Gmach

Mailing Address 14315 Radiant Court

City

Brookfield

State

WI

Zip Code

53005-7073

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Field Spv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-894

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Mark J. Gmach

Mailing Address 14315 Radiant Court

City

Brookfield

State

WI

Zip Code

53005-7073

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Field Spv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-894

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Deborah A. Gonnella

Mailing Address 11924 W Scherrei Drive

City

Franklin

State

WI

Zip Code

53132-1624

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
IS Cons

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-1074

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Deborah A. Gonnella

Mailing Address 11924 W Scherrei Drive

City

Franklin

State

WI

Zip Code

53132-1624

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
IS Cons

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-1074

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Deborah A. Gonnella

Mailing Address 11924 W Scherrei Drive

City

Franklin

State

WI

Zip Code

53132-1624

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
IS Cons

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-1074

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Kimberley Goode

Mailing Address 2485 W Fairy Chasm R

City

River Hills

State

WI

Zip Code

53217

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1452.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-579

Amount of Each Receipt this Period

63.00

B.

Full Name (Last, First, Middle Initial)

Kimberley Goode

Mailing Address 2485 W Fairy Chasm R

City

River Hills

State

WI

Zip Code

53217

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1452.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-579

Amount of Each Receipt this Period

63.00

C.

Full Name (Last, First, Middle Initial)

Kimberley Goode

Mailing Address 2485 W Fairy Chasm R

City

River Hills

State

WI

Zip Code

53217

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1452.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-579

Amount of Each Receipt this Period

63.00

SUBTOTAL of Receipts This Page (optional)

189.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Tom Goris, Jr.

Mailing Address 8042 Cheverny Drive

City

Mequon

State

WI

Zip Code

53097-2532

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goris Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-40

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Tom Goris, Jr.

Mailing Address 8042 Cheverny Drive

City

Mequon

State

WI

Zip Code

53097-2532

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goris Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-40

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Tom Goris, Jr.

Mailing Address 8042 Cheverny Drive

City

Mequon

State

WI

Zip Code

53097-2532

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goris Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-40

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Karl G. Gouverneur

Mailing Address 12895 North Cobblestone

City

Mequon

State

WI

Zip Code

53097-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Tech Architect

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-1119

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Karl G. Gouverneur

Mailing Address 12895 North Cobblestone

City

Mequon

State

WI

Zip Code

53097-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Tech Architect

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-1119

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Karl G. Gouverneur

Mailing Address 12895 North Cobblestone

City

Mequon

State

WI

Zip Code

53097-1812

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Tech Architect

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-1119

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Paul A. Gregory

Mailing Address 3595 Candlewood Trail

City

Marietta

State

GA

Zip Code

30066-4574

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Field Asset Mgt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-1108

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Paul A. Gregory

Mailing Address 3595 Candlewood Trail

City

Marietta

State

GA

Zip Code

30066-4574

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Field Asset Mgt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-1108

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Paul A. Gregory

Mailing Address 3595 Candlewood Trail

City

Marietta

State

GA

Zip Code

30066-4574

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Field Asset Mgt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-1108

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John M. Grogan

Mailing Address 706 W Acacia Road

City

Glendale

State

WI

Zip Code

53217-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Pres & CEO Wealth Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-1029

Amount of Each Receipt this Period

88.00

B.

Full Name (Last, First, Middle Initial)

John M. Grogan

Mailing Address 706 W Acacia Road

City

Glendale

State

WI

Zip Code

53217-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Pres & CEO Wealth Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-1029

Amount of Each Receipt this Period

88.00

C.

Full Name (Last, First, Middle Initial)

John M. Grogan

Mailing Address 706 W Acacia Road

City

Glendale

State

WI

Zip Code

53217-4008

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Pres & CEO Wealth Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2112.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-1029

Amount of Each Receipt this Period

88.00

SUBTOTAL of Receipts This Page (optional)

264.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jon P Gruenstern

Mailing Address 2155 Hickory Court

City

Oshkosh

State

WI

Zip Code

54901-2581

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-8

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Jon P Gruenstern

Mailing Address 2155 Hickory Court

City

Oshkosh

State

WI

Zip Code

54901-2581

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-8

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Jon P Gruenstern

Mailing Address 2155 Hickory Court

City

Oshkosh

State

WI

Zip Code

54901-2581

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-8

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Thomas C. Guay

Mailing Address W73 N377 Mulberry Avenue

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP-New Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1332.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-653

Amount of Each Receipt this Period

54.00

B.

Full Name (Last, First, Middle Initial)

Thomas C. Guay

Mailing Address W73 N377 Mulberry Avenue

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP-New Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1332.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-653

Amount of Each Receipt this Period

54.00

C.

Full Name (Last, First, Middle Initial)

Thomas C. Guay

Mailing Address W73 N377 Mulberry Avenue

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP-New Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1332.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-653

Amount of Each Receipt this Period

54.00

SUBTOTAL of Receipts This Page (optional)

162.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Stephen T Guinan

Mailing Address 126 Waverly Circle

City

Phoenixville

State

PA

Zip Code

19460-2500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Guinan Fncl Grp LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-53

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Stephen T Guinan

Mailing Address 126 Waverly Circle

City

Phoenixville

State

PA

Zip Code

19460-2500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Guinan Fncl Grp LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-53

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Stephen T Guinan

Mailing Address 126 Waverly Circle

City

Phoenixville

State

PA

Zip Code

19460-2500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Guinan Fncl Grp LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-53

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jason R. Handal

Mailing Address 311 W White Oak Way

City

Mequon

State

WI

Zip Code

53092-6248

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Specialty Mkts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: 2009121613433-742

Amount of Each Receipt this Period

9.00

B.

Full Name (Last, First, Middle Initial)

Jason R. Handal

Mailing Address 311 W White Oak Way

City

Mequon

State

WI

Zip Code

53092-6248

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Specialty Mkts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: 2010011293122-742

Amount of Each Receipt this Period

9.00

C.

Full Name (Last, First, Middle Initial)

Kevin G. Hanus

Mailing Address 18775 Brookfield Lak

City

Brookfield

State

WI

Zip Code

53045-6170

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Restaurant Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: 2010011293122-655

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

28.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Kevin J Hassan

Mailing Address 804 Montparnasse Place

City

Newtown Sq

State

PA

Zip Code

19073-2623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hassan Group LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-28

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Kevin J Hassan

Mailing Address 804 Montparnasse Place

City

Newtown Sq

State

PA

Zip Code

19073-2623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hassan Group LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-28

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Kevin J Hassan

Mailing Address 804 Montparnasse Place

City

Newtown Sq

State

PA

Zip Code

19073-2623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hassan Group LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-28

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Laura J. Hauschild

Mailing Address 14611 50th Road

City

Sturtevant

State

WI

Zip Code

53177-1038

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Retirement Mkt Prj

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-770

Amount of Each Receipt this Period

13.00

B.

Full Name (Last, First, Middle Initial)

Laura J. Hauschild

Mailing Address 14611 50th Road

City

Sturtevant

State

WI

Zip Code

53177-1038

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Retirement Mkt Prj

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-770

Amount of Each Receipt this Period

13.00

C.

Full Name (Last, First, Middle Initial)

Laura J. Hauschild

Mailing Address 14611 50th Road

City

Sturtevant

State

WI

Zip Code

53177-1038

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Retirement Mkt Prj

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-770

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional)

39.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Wayne F. Heidenreich, MD

Mailing Address 4753 N Larkin Street

City

Whitefish Bay

State

WI

Zip Code

53211-1152

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Medical Dir/HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-1031

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Wayne F. Heidenreich, MD

Mailing Address 4753 N Larkin Street

City

Whitefish Bay

State

WI

Zip Code

53211-1152

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Medical Dir/HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-1031

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Wayne F. Heidenreich, MD

Mailing Address 4753 N Larkin Street

City

Whitefish Bay

State

WI

Zip Code

53211-1152

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Medical Dir/HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-1031

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Thomas R. Hendricks

Mailing Address 9003 N Mohawk Road

City

Bayside

State

WI

Zip Code

53217-1743

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Ast Dir Ips Prod Ln

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-990

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Thomas R. Hendricks

Mailing Address 9003 N Mohawk Road

City

Bayside

State

WI

Zip Code

53217-1743

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Ast Dir Ips Prod Ln

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-990

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Mark J Heurung

Mailing Address 18443 Melissa Circle

City

Eden Prairie

State

MN

Zip Code

55347-1058

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2864.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-52

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

228.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mark J Heurung

Mailing Address 18443 Melissa Circle

City

Eden Prairie

State

MN

Zip Code

55347-1058

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2864.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	9	

Transaction ID: 20091216134220-52

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Mark J Heurung

Mailing Address 18443 Melissa Circle

City

Eden Prairie

State

MN

Zip Code

55347-1058

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2864.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	9	

Transaction ID: 2010011293038-52

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Gary M. Hewitt

Mailing Address 2045 Elm Tree Road

City

Elm Grove

State

WI

Zip Code

53122-1117

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Treas & Inv Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1788.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	9	

Transaction ID: 20091203123618-921

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)

486.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Gary M. Hewitt

Mailing Address 2045 Elm Tree Road

City

Elm Grove

State

WI

Zip Code

53122-1117

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Treas & Inv Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1788.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-921

Amount of Each Receipt this Period

70.00

B.

Full Name (Last, First, Middle Initial)

Gary M. Hewitt

Mailing Address 2045 Elm Tree Road

City

Elm Grove

State

WI

Zip Code

53122-1117

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Treas & Inv Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1788.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-921

Amount of Each Receipt this Period

70.00

C.

Full Name (Last, First, Middle Initial)

Patricia J. Hillmann

Mailing Address 1227 N 55th Street

City

Milwaukee

State

WI

Zip Code

53208-2519

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Ann Cust Svc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-633

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Patricia J. Hillmann

Mailing Address 1227 N 55th Street

City

Milwaukee

State

WI

Zip Code

53208-2519

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Ann Cust Svc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: 2009121613433-633

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Patricia J. Hillmann

Mailing Address 1227 N 55th Street

City

Milwaukee

State

WI

Zip Code

53208-2519

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Ann Cust Svc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: 2010011293122-633

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Michael T. Holloway

Mailing Address 425 Lake Bluff Lane

City

Grafton

State

WI

Zip Code

53024-9764

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 20091203123618-885

Amount of Each Receipt this Period

24.00

SUBTOTAL of Receipts This Page (optional)

44.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Michael T. Holloway

Mailing Address 425 Lake Bluff Lane

City

Grafton

State

WI

Zip Code

53024-9764

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-885

Amount of Each Receipt this Period

24.00

B.

Full Name (Last, First, Middle Initial)

Michael T. Holloway

Mailing Address 425 Lake Bluff Lane

City

Grafton

State

WI

Zip Code

53024-9764

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-885

Amount of Each Receipt this Period

24.00

C.

Full Name (Last, First, Middle Initial)

Bruce Holmes

Mailing Address 2550 West Hunter Circle

City

Glendale

State

WI

Zip Code

53209-1871

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-583

Amount of Each Receipt this Period

11.00

SUBTOTAL of Receipts This Page (optional)

59.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Bruce Holmes

Mailing Address 2550 West Hunter Circle

City

Glendale

State

WI

Zip Code

53209-1871

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-583

Amount of Each Receipt this Period

11.00

B.

Full Name (Last, First, Middle Initial)

Bruce Holmes

Mailing Address 2550 West Hunter Circle

City

Glendale

State

WI

Zip Code

53209-1871

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-583

Amount of Each Receipt this Period

11.00

C.

Full Name (Last, First, Middle Initial)

Steve H Holter

Mailing Address 11390 N Creekside Court

City

Mequon

State

WI

Zip Code

53092-4377

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Holter Agency Inc

Occupation
Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1672.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-60

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

147.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Steve H Holter

Mailing Address 11390 N Creekside Court

City

Mequon

State

WI

Zip Code

53092-4377

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Holter Agency Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1672.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-60

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Steve H Holter

Mailing Address 11390 N Creekside Court

City

Mequon

State

WI

Zip Code

53092-4377

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Holter Agency Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1672.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-60

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Harry P Hoopis

Mailing Address 1133 Elmtree Road

City

Lake Forest

State

IL

Zip Code

60045-1413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-1

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

458.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Harry P Hoopis

Mailing Address 1133 Elmtree Road

City

Lake Forest

State

IL

Zip Code

60045-1413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-1

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Harry P Hoopis

Mailing Address 1133 Elmtree Road

City

Lake Forest

State

IL

Zip Code

60045-1413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-1

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Brian J Hubbell

Mailing Address 1701 E Westminster Lane

City

Spokane

State

WA

Zip Code

99223-6712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hubbell Fnc'l Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-17

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

466.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Brian J Hubbell

Mailing Address 1701 E Westminster Lane

City

Spokane

State

WA

Zip Code

99223-6712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hubbell Fnc'l Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: 20091216134220-17

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Brian J Hubbell

Mailing Address 1701 E Westminster Lane

City

Spokane

State

WA

Zip Code

99223-6712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hubbell Fnc'l Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: 2010011293038-17

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Scott Iodice

Mailing Address 5612 Enderly Road

City

Baltimore

State

MD

Zip Code

21212-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 20091203123535-34

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Scott Iodice

Mailing Address 5612 Enderly Road

City

Baltimore

State

MD

Zip Code

21212-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	9	

Transaction ID: 20091216134220-34

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Scott Iodice

Mailing Address 5612 Enderly Road

City

Baltimore

State

MD

Zip Code

21212-2939

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	9	

Transaction ID: 2010011293038-34

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Nicholas E. Jahnke

Mailing Address 23702 Champe Ford Road

City

Middleburg

State

VA

Zip Code

20117-2940

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director-Field Production

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1824.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	9	

Transaction ID: 20091203123618-952

Amount of Each Receipt this Period

76.00

SUBTOTAL of Receipts This Page (optional)

326.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Nicholas E. Jahnke

Mailing Address 23702 Champe Ford Road

City

Middleburg

State

VA

Zip Code

20117-2940

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director-Field Production

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1824.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-952

Amount of Each Receipt this Period

76.00

B.

Full Name (Last, First, Middle Initial)

Nicholas E. Jahnke

Mailing Address 23702 Champe Ford Road

City

Middleburg

State

VA

Zip Code

20117-2940

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director-Field Production

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1824.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-952

Amount of Each Receipt this Period

76.00

C.

Full Name (Last, First, Middle Initial)

Gregory G. Johnson

Mailing Address 507 W Kenilworth Circle

City

Mequon

State

WI

Zip Code

53092-6199

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-1096

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)

166.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Gregory G. Johnson

Mailing Address 507 W Kenilworth Circle

City

Meguon

State

WI

Zip Code

53092-6199

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-1096

Amount of Each Receipt this Period

14.00

B.

Full Name (Last, First, Middle Initial)

Gregory G. Johnson

Mailing Address 507 W Kenilworth Circle

City

Meguon

State

WI

Zip Code

53092-6199

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-1096

Amount of Each Receipt this Period

14.00

C.

Full Name (Last, First, Middle Initial)

Daniel J. Kallay

Mailing Address S85W32221 Roberts Court

City

Mukwonago

State

WI

Zip Code

53149-8224

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Chief Pilot

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-560

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

38.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Daniel J. Kallay

Mailing Address S85W32221 Roberts Court

City

Mukwonago

State

WI

Zip Code

53149-8224

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Chief Pilot

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-560

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Daniel J. Kallay

Mailing Address S85W32221 Roberts Court

City

Mukwonago

State

WI

Zip Code

53149-8224

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Chief Pilot

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-560

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Shawn F Kelley

Mailing Address 16 Vintage Walk

City

Cincinnati

State

OH

Zip Code

45249-2101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kelley Fncl Grp Inc

Occupation
Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-69

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

62.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Shawn F Kelley

Mailing Address 16 Vintage Walk

City

Cincinnati

State

OH

Zip Code

45249-2101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kelley Fnc'l Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	9	

Transaction ID: 20091216134220-69

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Shawn F Kelley

Mailing Address 16 Vintage Walk

City

Cincinnati

State

OH

Zip Code

45249-2101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kelley Fnc'l Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	9	

Transaction ID: 2010011293038-69

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

John C. Kelly

Mailing Address 5806 N Kent Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-4612

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1464.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	9	

Transaction ID: 20091203123618-624

Amount of Each Receipt this Period

61.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John C. Kelly

Mailing Address 5806 N Kent Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-4612

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1464.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: 2009121613433-624

Amount of Each Receipt this Period

61.00

B.

Full Name (Last, First, Middle Initial)

John C. Kelly

Mailing Address 5806 N Kent Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-4612

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1464.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: 2010011293122-624

Amount of Each Receipt this Period

61.00

C.

Full Name (Last, First, Middle Initial)

Troy B Kemelgor

Mailing Address 8930 Dunn Court

City

Dublin

State

OH

Zip Code

43017-8880

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 20091203123535-67

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

164.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Troy B Kemelgor

Mailing Address 8930 Dunn Court

City

Dublin

State

OH

Zip Code

43017-8880

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-67

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Troy B Kemelgor

Mailing Address 8930 Dunn Court

City

Dublin

State

OH

Zip Code

43017-8880

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-67

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Robert H Kerrigan, Jr.

Mailing Address 1457 N Beverly Drive

City

Beverly Hills

State

CA

Zip Code

90210-2326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-75

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

209.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Robert H Kerrigan, Jr.

Mailing Address 1457 N Beverly Drive

City

Beverly Hills

State

CA

Zip Code

90210-2326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-75

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Robert H Kerrigan, Jr.

Mailing Address 1457 N Beverly Drive

City

Beverly Hills

State

CA

Zip Code

90210-2326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-75

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Mark E. Kishler

Mailing Address 720 E Wisconsin Avenue

City

Milwaukee

State

WI

Zip Code

53202-4703

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-640

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mark E. Kishler

Mailing Address 720 E Wisconsin Avenue

City

Milwaukee

State

WI

Zip Code

53202-4703

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	9	

Transaction ID: 2009121613433-640

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Mark E. Kishler

Mailing Address 720 E Wisconsin Avenue

City

Milwaukee

State

WI

Zip Code

53202-4703

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	9	

Transaction ID: 2010011293122-640

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Pamela A. Knox

Mailing Address 6109 Audubon Manor B

City

Lithia

State

FL

Zip Code

33547

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

District Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	9	

Transaction ID: 20091203123618-1057

Amount of Each Receipt this Period

16.00

SUBTOTAL of Receipts This Page (optional)

56.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Pamela A. Knox

Mailing Address 6109 Audubon Manor B

City

Lithia

State

FL

Zip Code

33547

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

District Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-1057

Amount of Each Receipt this Period

16.00

B.

Full Name (Last, First, Middle Initial)

Pamela A. Knox

Mailing Address 6109 Audubon Manor B

City

Lithia

State

FL

Zip Code

33547

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

District Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-1057

Amount of Each Receipt this Period

16.00

C.

Full Name (Last, First, Middle Initial)

William S Koch

Mailing Address 4645 Swilcan Bridge Lane S

City

Jacksonville

State

FL

Zip Code

32224-5621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-24

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

132.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

William S Koch

Mailing Address 4645 Swilcan Bridge Lane S

City

Jacksonville

State

FL

Zip Code

32224-5621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-24

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

William S Koch

Mailing Address 4645 Swilcan Bridge Lane S

City

Jacksonville

State

FL

Zip Code

32224-5621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-24

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Kevin J. Konopa

Mailing Address 1236 Highpoint Lane

City

Waukesha

State

WI

Zip Code

53189-7739

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Dir Ips Prod Ln

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-994

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Kevin J. Konopa

Mailing Address 1236 Highpoint Lane

City

Waukesha

State

WI

Zip Code

53189-7739

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Dir Ips Prod Ln

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: 2010011293122-994

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

John L. Kordsmeier

Mailing Address 2522 W Daphne Road

City

Glendale

State

WI

Zip Code

53209-3352

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Disability Income

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1620.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	0	9

Transaction ID: 20091203123618-1060

Amount of Each Receipt this Period

58.00

C.

Full Name (Last, First, Middle Initial)

John L. Kordsmeier

Mailing Address 2522 W Daphne Road

City

Glendale

State

WI

Zip Code

53209-3352

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Disability Income

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1620.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	9

Transaction ID: 2009121613433-1060

Amount of Each Receipt this Period

58.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John L. Kordsmeier

Mailing Address 2522 W Daphne Road

City

Glendale

State

WI

Zip Code

53209-3352

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Disability Income

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1620.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-1060

Amount of Each Receipt this Period

58.00

B.

Full Name (Last, First, Middle Initial)

Steven H Kosnick

Mailing Address 5799 Windsona Circle

City

Fitchburg

State

WI

Zip Code

53711-5839

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kosnick and Assoc Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-19

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Steven H Kosnick

Mailing Address 5799 Windsona Circle

City

Fitchburg

State

WI

Zip Code

53711-5839

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kosnick and Assoc Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-19

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

142.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Steven H Kosnick

Mailing Address 5799 Windsona Circle

City

Fitchburg

State

WI

Zip Code

53711-5839

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kosnick and Assoc Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-19

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Robert J. Kowalsky

Mailing Address 4791 N Larkin Street

City

Whitefish Bay

State

WI

Zip Code

53211-1152

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-1036

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Robert J. Kowalsky

Mailing Address 4791 N Larkin Street

City

Whitefish Bay

State

WI

Zip Code

53211-1152

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-1036

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

62.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Robert J. Kowalsky

Mailing Address 4791 N Larkin Street

City

Whitefish Bay

State

WI

Zip Code

53211-1152

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-1036

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Carol L. Kracht

Mailing Address 449 E Cedar Lane

City

Mequon

State

WI

Zip Code

53092-6102

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Dep Gc/Sec & Board Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-987

Amount of Each Receipt this Period

32.00

C.

Full Name (Last, First, Middle Initial)

Carol L. Kracht

Mailing Address 449 E Cedar Lane

City

Mequon

State

WI

Zip Code

53092-6102

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Dep Gc/Sec & Board Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-987

Amount of Each Receipt this Period

32.00

SUBTOTAL of Receipts This Page (optional)

74.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Carol L. Kracht

Mailing Address 449 E Cedar Lane

City

Mequon

State

WI

Zip Code

53092-6102

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Dep Gc/Sec & Board Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-987

Amount of Each Receipt this Period

32.00

B.

Full Name (Last, First, Middle Initial)

Todd L. Laszewski

Mailing Address 2604 N 90th Street

City

Wauwatosa

State

WI

Zip Code

53226-1813

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Lp Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-909

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Todd L. Laszewski

Mailing Address 2604 N 90th Street

City

Wauwatosa

State

WI

Zip Code

53226-1813

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Lp Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-909

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

62.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Todd L. Laszewski

Mailing Address 2604 N 90th Street

City

Wauwatosa

State

WI

Zip Code

53226-1813

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Dir Lp Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-909

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Michael K Lawhon

Mailing Address 6952 Burnt Sienna Circle

City

Naples

State

FL

Zip Code

34109-7826

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Florida Grp LLC

Occupation
Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-62

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Michael K Lawhon

Mailing Address 6952 Burnt Sienna Circle

City

Naples

State

FL

Zip Code

34109-7826

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Florida Grp LLC

Occupation
Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-62

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

99.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Michael K Lawhon

Mailing Address 6952 Burnt Sienna Circle

City

Naples

State

FL

Zip Code

34109-7826

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Florida Grp LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: 2010011293038-62

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Brian E. Lee

Mailing Address 3118 Hunt Road

City

Oakton

State

VA

Zip Code

22124-1314

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director-Field Production

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 20091203123618-752

Amount of Each Receipt this Period

7.00

C.

Full Name (Last, First, Middle Initial)

Brian E. Lee

Mailing Address 3118 Hunt Road

City

Oakton

State

VA

Zip Code

22124-1314

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director-Field Production

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: 2009121613433-752

Amount of Each Receipt this Period

7.00

SUBTOTAL of Receipts This Page (optional)

56.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Brian E. Lee

Mailing Address 3118 Hunt Road

City

Oakton

State

VA

Zip Code

22124-1314

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director-Field Production

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-752

Amount of Each Receipt this Period

7.00

B.

Full Name (Last, First, Middle Initial)

Elizabeth J. Lentini

Mailing Address 5525 N Hollywood Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5207

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-1105

Amount of Each Receipt this Period

12.00

C.

Full Name (Last, First, Middle Initial)

Elizabeth J. Lentini

Mailing Address 5525 N Hollywood Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5207

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-1105

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)

31.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Gilbert R. Llanas

Mailing Address 1322 Edgewood Avenue

City

South Milwauk

State

WI

Zip Code

53172-3573

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Comm Rel

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-782

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Gilbert R. Llanas

Mailing Address 1322 Edgewood Avenue

City

South Milwauk

State

WI

Zip Code

53172-3573

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Comm Rel

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-782

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Gilbert R. Llanas

Mailing Address 1322 Edgewood Avenue

City

South Milwauk

State

WI

Zip Code

53172-3573

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Comm Rel

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-782

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Werner Loots

Mailing Address 2664 N Summit Avenue

City

Milwaukee

State

WI

Zip Code

53211-3849

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Fld Supv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

792.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 20091203123618-611

Amount of Each Receipt this Period

33.00

B.

Full Name (Last, First, Middle Initial)

Werner Loots

Mailing Address 2664 N Summit Avenue

City

Milwaukee

State

WI

Zip Code

53211-3849

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Fld Supv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

792.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: 2009121613433-611

Amount of Each Receipt this Period

33.00

C.

Full Name (Last, First, Middle Initial)

Werner Loots

Mailing Address 2664 N Summit Avenue

City

Milwaukee

State

WI

Zip Code

53211-3849

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Rvp Fld Supv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

792.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: 2010011293122-611

Amount of Each Receipt this Period

33.00

SUBTOTAL of Receipts This Page (optional)

99.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Robert D Lowrey

Mailing Address 1108 W Goldthread Circle

City

Sioux Falls

State

SD

Zip Code

57108-2824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-23

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Robert D Lowrey

Mailing Address 1108 W Goldthread Circle

City

Sioux Falls

State

SD

Zip Code

57108-2824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-23

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Robert D Lowrey

Mailing Address 1108 W Goldthread Circle

City

Sioux Falls

State

SD

Zip Code

57108-2824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-23

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Susan A. Lueger

Mailing Address 4317 N Stowell Avenue

City

Shorewood

State

WI

Zip Code

53211-1748

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-613

Amount of Each Receipt this Period

55.00

B.

Full Name (Last, First, Middle Initial)

Susan A. Lueger

Mailing Address 4317 N Stowell Avenue

City

Shorewood

State

WI

Zip Code

53211-1748

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-613

Amount of Each Receipt this Period

55.00

C.

Full Name (Last, First, Middle Initial)

Susan A. Lueger

Mailing Address 4317 N Stowell Avenue

City

Shorewood

State

WI

Zip Code

53211-1748

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-613

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey J. Lueken

Mailing Address 1213 E Goodrich Lane

City

Fox Point

State

WI

Zip Code

53217-2946

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Securities

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3780.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-912

Amount of Each Receipt this Period

133.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey J. Lueken

Mailing Address 1213 E Goodrich Lane

City

Fox Point

State

WI

Zip Code

53217-2946

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Securities

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3780.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-912

Amount of Each Receipt this Period

133.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey J. Lueken

Mailing Address 1213 E Goodrich Lane

City

Fox Point

State

WI

Zip Code

53217-2946

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Securities

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3780.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-912

Amount of Each Receipt this Period

133.00

SUBTOTAL of Receipts This Page (optional)

399.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

David C. Magoon

Mailing Address N31 W23910 Old Farm

City

Pewaukee

State

WI

Zip Code

53072

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
IS Cons

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	9	

Transaction ID: 20091203123618-548

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

David C. Magoon

Mailing Address N31 W23910 Old Farm

City

Pewaukee

State

WI

Zip Code

53072

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
IS Cons

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	9	

Transaction ID: 2009121613433-548

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

David C. Magoon

Mailing Address N31 W23910 Old Farm

City

Pewaukee

State

WI

Zip Code

53072

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
IS Cons

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	9	

Transaction ID: 2010011293122-548

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jean M. Maier

Mailing Address 5432 N Diversey

City

Whitefish Bay

State

WI

Zip Code

53217-5165

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Ent Ops & Cco

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 20091203123618-539

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Jean M. Maier

Mailing Address 5432 N Diversey

City

Whitefish Bay

State

WI

Zip Code

53217-5165

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Ent Ops & Cco

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: 2009121613433-539

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Jean M. Maier

Mailing Address 5432 N Diversey

City

Whitefish Bay

State

WI

Zip Code

53217-5165

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Svp Ent Ops & Cco

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: 2010011293122-539

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Raymond J. Manista

Mailing Address 7236 N Crossway

City

Fox Point

State

WI

Zip Code

53217-3519

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Gen Cnsl & Sec

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1620.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 20091203123618-575

Amount of Each Receipt this Period

70.00

B.

Full Name (Last, First, Middle Initial)

Raymond J. Manista

Mailing Address 7236 N Crossway

City

Fox Point

State

WI

Zip Code

53217-3519

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Gen Cnsl & Sec

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1620.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: 2009121613433-575

Amount of Each Receipt this Period

70.00

C.

Full Name (Last, First, Middle Initial)

Raymond J. Manista

Mailing Address 7236 N Crossway

City

Fox Point

State

WI

Zip Code

53217-3519

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Gen Cnsl & Sec

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1620.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: 2010011293122-575

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey S. Marks

Mailing Address 8232 S Country Club

City

Franklin

State

WI

Zip Code

53132-8532

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Spcl Proj

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-593

Amount of Each Receipt this Period

11.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey S. Marks

Mailing Address 8232 S Country Club

City

Franklin

State

WI

Zip Code

53132-8532

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Spcl Proj

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-593

Amount of Each Receipt this Period

11.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey S. Marks

Mailing Address 8232 S Country Club

City

Franklin

State

WI

Zip Code

53132-8532

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Spcl Proj

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-593

Amount of Each Receipt this Period

11.00

SUBTOTAL of Receipts This Page (optional)

33.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Meridee J. Maynard

Mailing Address 809 E Lake Forest

City

Whitefish Bay

State

WI

Zip Code

53217-5377

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2232.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-839

Amount of Each Receipt this Period

83.00

B.

Full Name (Last, First, Middle Initial)

Meridee J. Maynard

Mailing Address 809 E Lake Forest

City

Whitefish Bay

State

WI

Zip Code

53217-5377

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2232.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-839

Amount of Each Receipt this Period

83.00

C.

Full Name (Last, First, Middle Initial)

Meridee J. Maynard

Mailing Address 809 E Lake Forest

City

Whitefish Bay

State

WI

Zip Code

53217-5377

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Svp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2232.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-839

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)

249.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

David C Mc Avoy

Mailing Address 11 Mountview Road

City

Wellesley

State

MA

Zip Code

02481-2757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-13

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

David C Mc Avoy

Mailing Address 11 Mountview Road

City

Wellesley

State

MA

Zip Code

02481-2757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-13

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

David C Mc Avoy

Mailing Address 11 Mountview Road

City

Wellesley

State

MA

Zip Code

02481-2757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-13

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Roger M Mc Queen

Mailing Address 6098 Pioneer Fork Road

City

Salt Lake Cty

State

UT

Zip Code

84108-3613

FEC ID number of contributing
federal political committee.

C

Name of Employer
McQueen Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-10

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Roger M Mc Queen

Mailing Address 6098 Pioneer Fork Road

City

Salt Lake Cty

State

UT

Zip Code

84108-3613

FEC ID number of contributing
federal political committee.

C

Name of Employer
McQueen Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-10

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Roger M Mc Queen

Mailing Address 6098 Pioneer Fork Road

City

Salt Lake Cty

State

UT

Zip Code

84108-3613

FEC ID number of contributing
federal political committee.

C

Name of Employer
McQueen Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-10

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mac McAuliffe

Mailing Address N25W5333 Polk Street

City

Cedarburg

State

WI

Zip Code

53012-2934

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Ips Nat Sales

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-1101

Amount of Each Receipt this Period

9.00

B.

Full Name (Last, First, Middle Initial)

Mac McAuliffe

Mailing Address N25W5333 Polk Street

City

Cedarburg

State

WI

Zip Code

53012-2934

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Ips Nat Sales

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-1101

Amount of Each Receipt this Period

9.00

C.

Full Name (Last, First, Middle Initial)

Brian W McClure

Mailing Address 1402 Wyndemere Point Drive

City

Champaign

State

IL

Zip Code

61822-3349

FEC ID number of contributing
federal political committee.

C

Name of Employer
McClure FncI Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-71

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Brian W McClure

Mailing Address 1402 Wyndemere Point Drive

City

Champaign

State

IL

Zip Code

61822-3349

FEC ID number of contributing
federal political committee.

C

Name of Employer
McClure Fnc'l Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-71

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Brian W McClure

Mailing Address 1402 Wyndemere Point Drive

City

Champaign

State

IL

Zip Code

61822-3349

FEC ID number of contributing
federal political committee.

C

Name of Employer
McClure Fnc'l Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-71

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Erin L. McComas

Mailing Address 1485 Broadstone Place

City

Vienna

State

VA

Zip Code

22182-1752

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director-Field Asset Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-1118

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional)

97.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Erin L. McComas

Mailing Address 1485 Broadstone Place

City

Vienna

State

VA

Zip Code

22182-1752

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director-Field Asset Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	9	

Transaction ID: 2009121613433-1118

Amount of Each Receipt this Period

13.00

B.

Full Name (Last, First, Middle Initial)

Erin L. McComas

Mailing Address 1485 Broadstone Place

City

Vienna

State

VA

Zip Code

22182-1752

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director-Field Asset Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	9	

Transaction ID: 2010011293122-1118

Amount of Each Receipt this Period

13.00

C.

Full Name (Last, First, Middle Initial)

James L. McFarland

Mailing Address 215 N Aberdeen Street

City

Chicago

State

IL

Zip Code

60607-1615

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	9	

Transaction ID: 20091203123618-1026

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional)

39.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

James L. McFarland

Mailing Address 215 N Aberdeen Street

City

Chicago

State

IL

Zip Code

60607-1615

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	9	

Transaction ID: 2009121613433-1026

Amount of Each Receipt this Period

13.00

B.

Full Name (Last, First, Middle Initial)

James L. McFarland

Mailing Address 215 N Aberdeen Street

City

Chicago

State

IL

Zip Code

60607-1615

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	9	

Transaction ID: 2010011293122-1026

Amount of Each Receipt this Period

13.00

C.

Full Name (Last, First, Middle Initial)

Mark J. McLennon

Mailing Address 2571 N 86th Street

City

Wauwatosa

State

WI

Zip Code

53226-1921

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

VP Inv Adv Svc

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	9	

Transaction ID: 20091203123618-610

Amount of Each Receipt this Period

23.00

SUBTOTAL of Receipts This Page (optional)

49.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mark J. McLennon

Mailing Address 2571 N 86th Street

City

Wauwatosa

State

WI

Zip Code

53226-1921

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Inv Adv Svc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: 2009121613433-610

Amount of Each Receipt this Period

23.00

B.

Full Name (Last, First, Middle Initial)

Mark J. McLennon

Mailing Address 2571 N 86th Street

City

Wauwatosa

State

WI

Zip Code

53226-1921

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Inv Adv Svc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: 2010011293122-610

Amount of Each Receipt this Period

23.00

C.

Full Name (Last, First, Middle Initial)

Lesli H. McLinden

Mailing Address 340 N Elmridge Avenue

City

Brookfield

State

WI

Zip Code

53005-6117

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 20091203123618-1085

Amount of Each Receipt this Period

11.00

SUBTOTAL of Receipts This Page (optional)

57.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Lesli H. McLinden

Mailing Address 340 N Elmridge Avenue

City

Brookfield

State

WI

Zip Code

53005-6117

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: 2009121613433-1085

Amount of Each Receipt this Period

11.00

B.

Full Name (Last, First, Middle Initial)

Lesli H. McLinden

Mailing Address 340 N Elmridge Avenue

City

Brookfield

State

WI

Zip Code

53005-6117

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: 2010011293122-1085

Amount of Each Receipt this Period

11.00

C.

Full Name (Last, First, Middle Initial)

John W McTigue

Mailing Address 205 E 4th Street

City

Hinsdale

State

IL

Zip Code

60521-4603

FEC ID number of contributing
federal political committee.**C**Name of Employer
McTigue FncI Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 20091203123535-18

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John W McTigue

Mailing Address 205 E 4th Street

City

Hinsdale

State

IL

Zip Code

60521-4603

FEC ID number of contributing
federal political committee.

C

Name of Employer
McTigue Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-18

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

John W McTigue

Mailing Address 205 E 4th Street

City

Hinsdale

State

IL

Zip Code

60521-4603

FEC ID number of contributing
federal political committee.

C

Name of Employer
McTigue Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-18

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Daniel J. Meehan

Mailing Address N30W6890 Lincoln Blv

City

Cedarburg

State

WI

Zip Code

53012-2266

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-578

Amount of Each Receipt this Period

11.00

SUBTOTAL of Receipts This Page (optional)

427.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Daniel J. Meehan

Mailing Address N30W6890 Lincoln Blv

City

Cedarburg

State

WI

Zip Code

53012-2266

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: 2009121613433-578

Amount of Each Receipt this Period

11.00

B.

Full Name (Last, First, Middle Initial)

Daniel J. Meehan

Mailing Address N30W6890 Lincoln Blv

City

Cedarburg

State

WI

Zip Code

53012-2266

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: 2010011293122-578

Amount of Each Receipt this Period

11.00

C.

Full Name (Last, First, Middle Initial)

Arthur J. Mees, Jr.

Mailing Address 5347 N Hollywood Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5324

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
Dir Mktg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: 2009121613433-1095

Amount of Each Receipt this Period

9.00

SUBTOTAL of Receipts This Page (optional)

31.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Arthur J. Mees, Jr.

Mailing Address 5347 N Hollywood Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5324

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Dir Mktg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-1095

Amount of Each Receipt this Period

9.00

B.

Full Name (Last, First, Middle Initial)

Joseph F Meier

Mailing Address 208 Long Acres Lane

City

Oviedo

State

FL

Zip Code

32765-7843

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-21

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Joseph F Meier

Mailing Address 208 Long Acres Lane

City

Oviedo

State

FL

Zip Code

32765-7843

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-21

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

93.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Joseph F Meier

Mailing Address 208 Long Acres Lane

City

Oviedo

State

FL

Zip Code

32765-7843

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-21

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Robert G. Meilander

Mailing Address 6900 N Glen Shore Drive

City

Glendale

State

WI

Zip Code

53209-2819

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP-Corp Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-567

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Robert G. Meilander

Mailing Address 6900 N Glen Shore Drive

City

Glendale

State

WI

Zip Code

53209-2819

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP-Corp Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-567

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

102.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Robert G. Meilander

Mailing Address 6900 N Glen Shore Drive

City

Glendale

State

WI

Zip Code

53209-2819

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP-Corp Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-567

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Richard D Mellinger

Mailing Address 50960 Fox Trail

City

Granger

State

IN

Zip Code

46530-9039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-3

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Richard D Mellinger

Mailing Address 50960 Fox Trail

City

Granger

State

IN

Zip Code

46530-9039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-3

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Richard D Mellinger

Mailing Address 50960 Fox Trail

City

Granger

State

IN

Zip Code

46530-9039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-3

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Richard E. Meyers

Mailing Address 848 E Birch Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5359

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-1056

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Richard E. Meyers

Mailing Address 848 E Birch Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5359

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-1056

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Richard E. Meyers

Mailing Address 848 E Birch Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5359

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-1056

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Carl W Middleton, III

Mailing Address 15712 Point Monroe Drive Northeast

City

Bainbridge Island

State

WA

Zip Code

98110-1158

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-6

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Carl W Middleton, III

Mailing Address 15712 Point Monroe Drive Northeast

City

Bainbridge Island

State

WA

Zip Code

98110-1158

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-6

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

260.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Carl W Middleton, III

Mailing Address 15712 Point Monroe Drive Northeast

City

Bainbridge Island

State

WA

Zip Code

98110-1158

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-6

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Ben Miller

Mailing Address 34 Storyteller Court

City

Sandia Park

State

NM

Zip Code

87047-8542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1136.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-65

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Ben Miller

Mailing Address 34 Storyteller Court

City

Sandia Park

State

NM

Zip Code

87047-8542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1136.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-65

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

209.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Ben Miller

Mailing Address 34 Storyteller Court

City

Sandia Park

State

NM

Zip Code

87047-8542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1136.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-65

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Kevin E Miller

Mailing Address 214 Schenley Road

City

Pittsburgh

State

PA

Zip Code

15217-1171

FEC ID number of contributing
federal political committee.

C

Name of Employer
KEM Fncl Services Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2352.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-51

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Kevin E Miller

Mailing Address 214 Schenley Road

City

Pittsburgh

State

PA

Zip Code

15217-1171

FEC ID number of contributing
federal political committee.

C

Name of Employer
KEM Fncl Services Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2352.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-51

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

458.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Kevin E Miller

Mailing Address 214 Schenley Road

City

Pittsburgh

State

PA

Zip Code

15217-1171

FEC ID number of contributing
federal political committee.

C

Name of Employer
KEM Fncl Services Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2352.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-51

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Loretta Mlekoday

Mailing Address 9030 N Fielding

City

Bayside

State

WI

Zip Code

53217-1832

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Acctg Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-1078

Amount of Each Receipt this Period

11.00

C.

Full Name (Last, First, Middle Initial)

Loretta Mlekoday

Mailing Address 9030 N Fielding

City

Bayside

State

WI

Zip Code

53217-1832

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Acctg Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-1078

Amount of Each Receipt this Period

11.00

SUBTOTAL of Receipts This Page (optional)

230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Karen A. Molloy

Mailing Address 2004 N 85th Street

City

Wauwatosa

State

WI

Zip Code

53226-2846

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Treasurer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-898

Amount of Each Receipt this Period

12.00

B.

Full Name (Last, First, Middle Initial)

Karen A. Molloy

Mailing Address 2004 N 85th Street

City

Wauwatosa

State

WI

Zip Code

53226-2846

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Treasurer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-898

Amount of Each Receipt this Period

12.00

C.

Full Name (Last, First, Middle Initial)

Karen A. Molloy

Mailing Address 2004 N 85th Street

City

Wauwatosa

State

WI

Zip Code

53226-2846

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Treasurer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-898

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)

36.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Scott J. Morris

Mailing Address 4406 N Madero Drive

City

Mequon

State

WI

Zip Code

53092-8711

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-1073

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Scott J. Morris

Mailing Address 4406 N Madero Drive

City

Mequon

State

WI

Zip Code

53092-8711

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-1073

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Scott J. Morris

Mailing Address 4406 N Madero Drive

City

Mequon

State

WI

Zip Code

53092-8711

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-1073

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Martin A. Moser

Mailing Address 378 Juniper Court

City

Grafton

State

WI

Zip Code

53024-2270

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	9	

Transaction ID: 20091203123618-607

Amount of Each Receipt this Period

22.00

B.

Full Name (Last, First, Middle Initial)

Martin A. Moser

Mailing Address 378 Juniper Court

City

Grafton

State

WI

Zip Code

53024-2270

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	9	

Transaction ID: 2009121613433-607

Amount of Each Receipt this Period

22.00

C.

Full Name (Last, First, Middle Initial)

Martin A. Moser

Mailing Address 378 Juniper Court

City

Grafton

State

WI

Zip Code

53024-2270

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	9	

Transaction ID: 2010011293122-607

Amount of Each Receipt this Period

22.00

SUBTOTAL of Receipts This Page (optional)

66.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Thomas A. Mroczkowski

Mailing Address W323 S8450 Nebo Trail

City

Mukwonago

State

WI

Zip Code

53149

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Dir IS Arch

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-805

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Thomas A. Mroczkowski

Mailing Address W323 S8450 Nebo Trail

City

Mukwonago

State

WI

Zip Code

53149

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Dir IS Arch

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-805

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Thomas A. Mroczkowski

Mailing Address W323 S8450 Nebo Trail

City

Mukwonago

State

WI

Zip Code

53149

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Dir IS Arch

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-805

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

David K. Nelson

Mailing Address 1506 E Fox Lane

City

Fox Point

State

WI

Zip Code

53217-2853

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 20091203123618-677

Amount of Each Receipt this Period

13.00

B.

Full Name (Last, First, Middle Initial)

David K. Nelson

Mailing Address 1506 E Fox Lane

City

Fox Point

State

WI

Zip Code

53217-2853

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: 2009121613433-677

Amount of Each Receipt this Period

13.00

C.

Full Name (Last, First, Middle Initial)

David K. Nelson

Mailing Address 1506 E Fox Lane

City

Fox Point

State

WI

Zip Code

53217-2853

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: 2010011293122-677

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional)

39.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Ronald C. Nelson

Mailing Address 5275 N Lake Drive

City

Whitefish Bay

State

WI

Zip Code

53217-5371

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Prd Dev & Strat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 20091203123618-616

Amount of Each Receipt this Period

18.00

B.

Full Name (Last, First, Middle Initial)

Ronald C. Nelson

Mailing Address 5275 N Lake Drive

City

Whitefish Bay

State

WI

Zip Code

53217-5371

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Prd Dev & Strat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: 2009121613433-616

Amount of Each Receipt this Period

18.00

C.

Full Name (Last, First, Middle Initial)

Ronald C. Nelson

Mailing Address 5275 N Lake Drive

City

Whitefish Bay

State

WI

Zip Code

53217-5371

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Prd Dev & Strat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: 2010011293122-616

Amount of Each Receipt this Period

18.00

SUBTOTAL of Receipts This Page (optional)

54.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Timothy Nelson

Mailing Address 3518 17th Street

City

Kenosha

State

WI

Zip Code

53144-3339

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Mkt Conduct

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-879

Amount of Each Receipt this Period

13.00

B.

Full Name (Last, First, Middle Initial)

Timothy Nelson

Mailing Address 3518 17th Street

City

Kenosha

State

WI

Zip Code

53144-3339

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Mkt Conduct

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-879

Amount of Each Receipt this Period

13.00

C.

Full Name (Last, First, Middle Initial)

Timothy Nelson

Mailing Address 3518 17th Street

City

Kenosha

State

WI

Zip Code

53144-3339

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Mkt Conduct

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-879

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional)

39.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

James J Nemec

Mailing Address 22 Maple Avenue

City

Larchmont

State

NY

Zip Code

10538-4041

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Nemec Agency LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-72

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

James J Nemec

Mailing Address 22 Maple Avenue

City

Larchmont

State

NY

Zip Code

10538-4041

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Nemec Agency LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-72

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

James J Nemec

Mailing Address 22 Maple Avenue

City

Larchmont

State

NY

Zip Code

10538-4041

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Nemec Agency LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-72

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jeremy D. Newman

Mailing Address 1140 Lone Tree Road

City

Elm Grove

State

WI

Zip Code

53122-2019

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Corp Offices

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-1109

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Jeremy D. Newman

Mailing Address 1140 Lone Tree Road

City

Elm Grove

State

WI

Zip Code

53122-2019

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Corp Offices

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-1109

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Jeremy D. Newman

Mailing Address 1140 Lone Tree Road

City

Elm Grove

State

WI

Zip Code

53122-2019

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Corp Offices

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-1109

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

William H. Norton

Mailing Address 10145 Wavell Road

City

Fairfax

State

VA

Zip Code

22032-2337

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-537

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

William H. Norton

Mailing Address 10145 Wavell Road

City

Fairfax

State

VA

Zip Code

22032-2337

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-537

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

William H. Norton

Mailing Address 10145 Wavell Road

City

Fairfax

State

VA

Zip Code

22032-2337

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-537

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Daniel J. O Meara

Mailing Address W70 N385 Fox Pointe

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Agency Dev & Prgrms

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

648.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-726

Amount of Each Receipt this Period

27.00

B.

Full Name (Last, First, Middle Initial)

Daniel J. O Meara

Mailing Address W70 N385 Fox Pointe

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Agency Dev & Prgrms

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

648.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-726

Amount of Each Receipt this Period

27.00

C.

Full Name (Last, First, Middle Initial)

Daniel J. O Meara

Mailing Address W70 N385 Fox Pointe

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Agency Dev & Prgrms

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

648.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-726

Amount of Each Receipt this Period

27.00

SUBTOTAL of Receipts This Page (optional)

81.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John K. O Meara

Mailing Address 1083 N Perry Court

City

Wauwatosa

State

WI

Zip Code

53213-3158

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Adv Plng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 20091203123618-1030

Amount of Each Receipt this Period

14.00

B.

Full Name (Last, First, Middle Initial)

John K. O Meara

Mailing Address 1083 N Perry Court

City

Wauwatosa

State

WI

Zip Code

53213-3158

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Adv Plng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: 2009121613433-1030

Amount of Each Receipt this Period

14.00

C.

Full Name (Last, First, Middle Initial)

John K. O Meara

Mailing Address 1083 N Perry Court

City

Wauwatosa

State

WI

Zip Code

53213-3158

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Adv Plng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: 2010011293122-1030

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)

42.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mary Joy O Meara

Mailing Address 4325 N Morris Boulevard

City

Shorewood

State

WI

Zip Code

53211-1547

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Specialty Mkts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-749

Amount of Each Receipt this Period

13.00

B.

Full Name (Last, First, Middle Initial)

Mary Joy O Meara

Mailing Address 4325 N Morris Boulevard

City

Shorewood

State

WI

Zip Code

53211-1547

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Specialty Mkts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-749

Amount of Each Receipt this Period

13.00

C.

Full Name (Last, First, Middle Initial)

Mary Joy O Meara

Mailing Address 4325 N Morris Boulevard

City

Shorewood

State

WI

Zip Code

53211-1547

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Specialty Mkts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-749

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional)

39.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Gregory C. Oberland

Mailing Address 4746 N Cumberland Bl

City

Whitefish Bay

State

WI

Zip Code

53211-1147

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

EVP Ins & Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-595

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Gregory C. Oberland

Mailing Address 4746 N Cumberland Bl

City

Whitefish Bay

State

WI

Zip Code

53211-1147

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

EVP Ins & Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-595

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Gregory C. Oberland

Mailing Address 4746 N Cumberland Bl

City

Whitefish Bay

State

WI

Zip Code

53211-1147

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

EVP Ins & Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-595

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Anthony Oliver

Mailing Address 7704 S Pine Avenue

City

Oak Creek

State

WI

Zip Code

53154-2345

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-675

Amount of Each Receipt this Period

9.00

B.

Full Name (Last, First, Middle Initial)

Anthony Oliver

Mailing Address 7704 S Pine Avenue

City

Oak Creek

State

WI

Zip Code

53154-2345

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-675

Amount of Each Receipt this Period

9.00

C.

Full Name (Last, First, Middle Initial)

Kevin K. Olp

Mailing Address 13140 W North Lane

City

New Berlin

State

WI

Zip Code

53151-9007

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Org Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-679

Amount of Each Receipt this Period

11.00

SUBTOTAL of Receipts This Page (optional)

29.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Kevin K. Olp

Mailing Address 13140 W North Lane

City

New Berlin

State

WI

Zip Code

53151-9007

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Org Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-679

Amount of Each Receipt this Period

11.00

B.

Full Name (Last, First, Middle Initial)

Kevin K. Olp

Mailing Address 13140 W North Lane

City

New Berlin

State

WI

Zip Code

53151-9007

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Org Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-679

Amount of Each Receipt this Period

11.00

C.

Full Name (Last, First, Middle Initial)

Eric S Olson

Mailing Address 127 Fairmount Road

City

Ridgewood

State

NJ

Zip Code

07450-1422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Olson Fncl Grp LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-57

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

64.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Eric S Olson

Mailing Address 127 Fairmount Road

City

Ridgewood

State

NJ

Zip Code

07450-1422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Olson Encl Grp LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	9	

Transaction ID: 20091216134220-57

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Eric S Olson

Mailing Address 127 Fairmount Road

City

Ridgewood

State

NJ

Zip Code

07450-1422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Olson Encl Grp LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	9	

Transaction ID: 2010011293038-57

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Kathleen A. Oman

Mailing Address S63W16495 College Avenue

City

Muskego

State

WI

Zip Code

53150-8303

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Pos

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1248.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	9	

Transaction ID: 20091203123618-755

Amount of Each Receipt this Period

52.00

SUBTOTAL of Receipts This Page (optional)

136.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Kathleen A. Oman

Mailing Address S63W16495 College Avenue

City

Muskego

State

WI

Zip Code

53150-8303

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Pos

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1248.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-755

Amount of Each Receipt this Period

52.00

B.

Full Name (Last, First, Middle Initial)

Kathleen A. Oman

Mailing Address S63W16495 College Avenue

City

Muskego

State

WI

Zip Code

53150-8303

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Pos

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1248.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-755

Amount of Each Receipt this Period

52.00

C.

Full Name (Last, First, Middle Initial)

Thomas A. Pajewski

Mailing Address 217 W Wilbur Avenue

City

Milwaukee

State

WI

Zip Code

53207-3229

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Ast Dir Inv Pln Sys

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-715

Amount of Each Receipt this Period

9.00

SUBTOTAL of Receipts This Page (optional)

113.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Thomas A. Pajewski

Mailing Address 217 W Wilbur Avenue

City

Milwaukee

State

WI

Zip Code

53207-3229

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Ast Dir Inv Pln Sys

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	9	

Transaction ID: 2010011293122-715

Amount of Each Receipt this Period

9.00

B.

Full Name (Last, First, Middle Initial)

Christen L. Partleton

Mailing Address 4832 N Shoreland Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5821

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Facility Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

528.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	9	

Transaction ID: 20091203123618-867

Amount of Each Receipt this Period

22.00

C.

Full Name (Last, First, Middle Initial)

Christen L. Partleton

Mailing Address 4832 N Shoreland Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5821

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Facility Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

528.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	9	

Transaction ID: 2009121613433-867

Amount of Each Receipt this Period

22.00

SUBTOTAL of Receipts This Page (optional)

53.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Christen L. Partleton

Mailing Address 4832 N Shoreland Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5821

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Facility Ops

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

528.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: 2010011293122-867

Amount of Each Receipt this Period

22.00

B.

Full Name (Last, First, Middle Initial)

William C. Pickering

Mailing Address 1823 N 81st Street

City

Wauwatosa

State

WI

Zip Code

53213-2146

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	9	

Transaction ID: 20091203123618-1040

Amount of Each Receipt this Period

12.00

C.

Full Name (Last, First, Middle Initial)

William C. Pickering

Mailing Address 1823 N 81st Street

City

Wauwatosa

State

WI

Zip Code

53213-2146

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	9	

Transaction ID: 2009121613433-1040

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)

46.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

William C. Pickering

Mailing Address 1823 N 81st Street

City

Wauwatosa

State

WI

Zip Code

53213-2146

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-1040

Amount of Each Receipt this Period

12.00

B.

Full Name (Last, First, Middle Initial)

Michele E. Pierz

Mailing Address 9648 N Old Barn Road

City

Mequon

State

WI

Zip Code

53092-6231

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Field Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-542

Amount of Each Receipt this Period

9.00

C.

Full Name (Last, First, Middle Initial)

Michele E. Pierz

Mailing Address 9648 N Old Barn Road

City

Mequon

State

WI

Zip Code

53092-6231

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Field Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-542

Amount of Each Receipt this Period

9.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Harvey W. Pogoriler

Mailing Address 9185 N Rexleigh Drive

City

Bayside

State

WI

Zip Code

53217-1869

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

528.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-1067

Amount of Each Receipt this Period

24.00

B.

Full Name (Last, First, Middle Initial)

Harvey W. Pogoriler

Mailing Address 9185 N Rexleigh Drive

City

Bayside

State

WI

Zip Code

53217-1869

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

528.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-1067

Amount of Each Receipt this Period

24.00

C.

Full Name (Last, First, Middle Initial)

Harvey W. Pogoriler

Mailing Address 9185 N Rexleigh Drive

City

Bayside

State

WI

Zip Code

53217-1869

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

528.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-1067

Amount of Each Receipt this Period

24.00

SUBTOTAL of Receipts This Page (optional)

72.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Gary A. Poliner

Mailing Address 825 N Prospect Avenue U

City

Milwaukee

State

WI

Zip Code

53202-3979

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
EVP Ips

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 20091203123618-543

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Gary A. Poliner

Mailing Address 825 N Prospect Avenue U

City

Milwaukee

State

WI

Zip Code

53202-3979

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
EVP Ips

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: 2009121613433-543

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Gary A. Poliner

Mailing Address 825 N Prospect Avenue U

City

Milwaukee

State

WI

Zip Code

53202-3979

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
EVP Ips

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: 2010011293122-543

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Michael E. Pritzl

Mailing Address 572 Cottonwood Lane

City

Grafton

State

WI

Zip Code

53024-9591

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Agency Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-975

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Charles R Pruett

Mailing Address 224 Ensworth Place

City

Nashville

State

TN

Zip Code

37205-1922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-61

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Charles R Pruett

Mailing Address 224 Ensworth Place

City

Nashville

State

TN

Zip Code

37205-1922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-61

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

267.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Charles R Pruett

Mailing Address 224 Ensworth Place

City

Nashville

State

TN

Zip Code

37205-1922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-61

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

John M Qualy

Mailing Address 13 Brentmoor Park

City

Clayton

State

MO

Zip Code

63105-3067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Qualy Nwk Of Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-2

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

John M Qualy

Mailing Address 13 Brentmoor Park

City

Clayton

State

MO

Zip Code

63105-3067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Qualy Nwk Of Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-2

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

541.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John M Qualy

Mailing Address 13 Brentmoor Park

City

Clayton

State

MO

Zip Code

63105-3067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Qualy Nwk Of Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: 2010011293038-2

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Craig L Quinlan

Mailing Address 229 Roberts Road

City

Inverness

State

IL

Zip Code

60010-5753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	0	9

Transaction ID: 20091203123535-37

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Craig L Quinlan

Mailing Address 229 Roberts Road

City

Inverness

State

IL

Zip Code

60010-5753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	9

Transaction ID: 20091216134220-37

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

292.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Craig L Quinlan

Mailing Address 229 Roberts Road

City

Inverness

State

IL

Zip Code

60010-5753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: 2010011293038-37

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Thomas O. Rabenn

Mailing Address 9410 N Fairway Drive

City

Bayside

State

WI

Zip Code

53217-1321

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	9	

Transaction ID: 20091203123618-1032

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Thomas O. Rabenn

Mailing Address 9410 N Fairway Drive

City

Bayside

State

WI

Zip Code

53217-1321

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	9	

Transaction ID: 2009121613433-1032

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

62.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Thomas O. Rabenn

Mailing Address 9410 N Fairway Drive

City

Bayside

State

WI

Zip Code

53217-1321

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-1032

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Steven M. Radke

Mailing Address 9600 N Crestwood Court

City

Mequon

State

WI

Zip Code

53092-5355

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Leg & Reg Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-832

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Steven M. Radke

Mailing Address 9600 N Crestwood Court

City

Mequon

State

WI

Zip Code

53092-5355

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Leg & Reg Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-832

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Steven M. Radke

Mailing Address 9600 N Crestwood Court

City

Mequon

State

WI

Zip Code

53092-5355

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Leg & Reg Relations

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-832

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Randal W. Ralph

Mailing Address 3616 Turnberry Drive

City

Mequon

State

WI

Zip Code

53092-6307

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-1064

Amount of Each Receipt this Period

17.50

C.

Full Name (Last, First, Middle Initial)

Randal W. Ralph

Mailing Address 3616 Turnberry Drive

City

Mequon

State

WI

Zip Code

53092-6307

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-1064

Amount of Each Receipt this Period

17.50

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Randal W. Ralph

Mailing Address 3616 Turnberry Drive

City

Mequon

State

WI

Zip Code

53092-6307

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-1064

Amount of Each Receipt this Period

17.50

B.

Full Name (Last, First, Middle Initial)

Jeff D Reeter

Mailing Address 7 Williamsburg Lane

City

Houston

State

TX

Zip Code

77024-5144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Texas FncI Group L P

Occupation

Special Agent

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-70

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Jeff D Reeter

Mailing Address 7 Williamsburg Lane

City

Houston

State

TX

Zip Code

77024-5144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Texas FncI Group L P

Occupation

Special Agent

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-70

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

217.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jeff D Reeter

Mailing Address 7 Williamsburg Lane

City

Houston

State

TX

Zip Code

77024-5144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Texas Fnc'l Group L P

Occupation

Special Agent

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-70

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

David R. Remstad

Mailing Address 2634 N Lake Drive

City

Milwaukee

State

WI

Zip Code

53211-3837

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Actuary

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1068.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-759

Amount of Each Receipt this Period

59.00

C.

Full Name (Last, First, Middle Initial)

David R. Remstad

Mailing Address 2634 N Lake Drive

City

Milwaukee

State

WI

Zip Code

53211-3837

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Actuary

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1068.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-759

Amount of Each Receipt this Period

59.00

SUBTOTAL of Receipts This Page (optional)

218.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

David R. Remstad

Mailing Address 2634 N Lake Drive

City

Milwaukee

State

WI

Zip Code

53211-3837

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1068.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-759

Amount of Each Receipt this Period

59.00

B.

Full Name (Last, First, Middle Initial)

Peter K. Richardson

Mailing Address 720 E Green Tree Road

City

Fox Point

State

WI

Zip Code

53217-3615

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-518

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Peter K. Richardson

Mailing Address 720 E Green Tree Road

City

Fox Point

State

WI

Zip Code

53217-3615

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-518

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

93.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Peter K. Richardson

Mailing Address 720 E Green Tree Road

City

Fox Point

State

WI

Zip Code

53217-3615

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-518

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Daniel A. Riedl

Mailing Address 6604 Cedar Street

City

Wauwatosa

State

WI

Zip Code

53213-3252

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Dist Pol & Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-678

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Daniel A. Riedl

Mailing Address 6604 Cedar Street

City

Wauwatosa

State

WI

Zip Code

53213-3252

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Dist Pol & Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-678

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

67.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Daniel A. Riedl

Mailing Address 6604 Cedar Street

City

Wauwatosa

State

WI

Zip Code

53213-3252

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Dist Pol & Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-678

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Marcia Rimai

Mailing Address 4100 N Lake Drive

City

Shorewood

State

WI

Zip Code

53211-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

EVP & Chief Admin Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-637

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Marcia Rimai

Mailing Address 4100 N Lake Drive

City

Shorewood

State

WI

Zip Code

53211-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

EVP & Chief Admin Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-637

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

441.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Marcia Rimai

Mailing Address 4100 N Lake Drive

City

Shorewood

State

WI

Zip Code

53211-1719

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

EVP & Chief Admin Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: 2010011293122-637

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

John D Rivers, Jr.

Mailing Address 3601 River Ridge Cove

City

Prospect

State

KY

Zip Code

40059-8038

FEC ID number of contributing
federal political committee.**C**Name of Employer
NM Louisville Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 20091203123535-36

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

John D Rivers, Jr.

Mailing Address 3601 River Ridge Cove

City

Prospect

State

KY

Zip Code

40059-8038

FEC ID number of contributing
federal political committee.**C**Name of Employer
NM Louisville Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: 20091216134220-36

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

458.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John D Rivers, Jr.

Mailing Address 3601 River Ridge Cove

City

Prospect

State

KY

Zip Code

40059-8038

FEC ID number of contributing
federal political committee.

C

Name of Employer
NM Louisville Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: 2010011293038-36

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Bethany M. Rodenhuis

Mailing Address 3900 N Lake Drive

City

Shorewood

State

WI

Zip Code

53211-2448

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Corp Plng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1128.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	9	

Transaction ID: 20091203123618-638

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Bethany M. Rodenhuis

Mailing Address 3900 N Lake Drive

City

Shorewood

State

WI

Zip Code

53211-2448

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Corp Plng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1128.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	9	

Transaction ID: 2009121613433-638

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

245.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Bethany M. Rodenhuis

Mailing Address 3900 N Lake Drive

City

Shorewood

State

WI

Zip Code

53211-2448

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Corp Plng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1128.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-638

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Tammy M. Roou

Mailing Address N99 W14710 Amber Drive

City

Germantown

State

WI

Zip Code

53022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Ins Prod & Dist Cnl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-818

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Tammy M. Roou

Mailing Address N99 W14710 Amber Drive

City

Germantown

State

WI

Zip Code

53022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Ins Prod & Dist Cnl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-818

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Tammy M. Roou

Mailing Address N99 W14710 Amber Drive

City

Germantown

State

WI

Zip Code

53022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Ins Prod & Dist Cnl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-818

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Matt Russo

Mailing Address 139 Deep Valley Road

City

New Canaan

State

CT

Zip Code

06840-2804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1664.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-64

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Matt Russo

Mailing Address 139 Deep Valley Road

City

New Canaan

State

CT

Zip Code

06840-2804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1664.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-64

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

436.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Matt Russo

Mailing Address 139 Deep Valley Road

City

New Canaan

State

CT

Zip Code

06840-2804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1664.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-64

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Stephen G. Ruys

Mailing Address 2336 N 90th Street

City

Wauwatosa

State

WI

Zip Code

53226-1829

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-829

Amount of Each Receipt this Period

14.00

C.

Full Name (Last, First, Middle Initial)

Stephen G. Ruys

Mailing Address 2336 N 90th Street

City

Wauwatosa

State

WI

Zip Code

53226-1829

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-829

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)

236.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Stephen G. Ruys

Mailing Address 2336 N 90th Street

City

Wauwatosa

State

WI

Zip Code

53226-1829

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Dir IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-829

Amount of Each Receipt this Period

14.00

B.

Full Name (Last, First, Middle Initial)

Robert P. Sarnecki

Mailing Address 16004 King Street

City

Overland Park

State

KS

Zip Code

66062-7508

FEC ID number of contributing
federal political committee.

C

Name of Employer
RPS Fnci Grp Inc

Occupation
Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1466.72

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-47

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Robert P. Sarnecki

Mailing Address 16004 King Street

City

Overland Park

State

KS

Zip Code

66062-7508

FEC ID number of contributing
federal political committee.

C

Name of Employer
RPS Fnci Grp Inc

Occupation
Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1466.72

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-47

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

214.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Robert P. Sarnecki

Mailing Address 16004 King Street

City

Overland Park

State

KS

Zip Code

66062-7508

FEC ID number of contributing
federal political committee.

C

Name of Employer
RPS Fncl Grp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1466.72

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-47

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Joseph M Savino

Mailing Address 8 Benedek Road

City

Princeton

State

NJ

Zip Code

08540-2227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-5

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Joseph M Savino

Mailing Address 8 Benedek Road

City

Princeton

State

NJ

Zip Code

08540-2227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-5

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

516.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Joseph M Savino

Mailing Address 8 Benedek Road

City

Princeton

State

NJ

Zip Code

08540-2227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: 2010011293038-5

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Timothy G. Schaefer

Mailing Address 1013 E Lexington Blv

City

Whitefish Bay

State

WI

Zip Code

53217-5381

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1656.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 20091203123618-866

Amount of Each Receipt this Period

70.00

C.

Full Name (Last, First, Middle Initial)

Timothy G. Schaefer

Mailing Address 1013 E Lexington Blv

City

Whitefish Bay

State

WI

Zip Code

53217-5381

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1656.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: 2009121613433-866

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)

348.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Timothy G. Schaefer

Mailing Address 1013 E Lexington Blv

City

Whitefish Bay

State

WI

Zip Code

53217-5381

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Chief Information Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1656.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-866

Amount of Each Receipt this Period

70.00

B.

Full Name (Last, First, Middle Initial)

Cal D. Schattschneider

Mailing Address 263 E Pine Hollow Lane

City

Oak Creek

State

WI

Zip Code

53154-7718

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir - Nb Lg Case

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-1045

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Cal D. Schattschneider

Mailing Address 263 E Pine Hollow Lane

City

Oak Creek

State

WI

Zip Code

53154-7718

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir - Nb Lg Case

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-1045

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Cal D. Schattschneider

Mailing Address 263 E Pine Hollow Lane

City

Oak Creek

State

WI

Zip Code

53154-7718

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir - Nb Lg Case

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-1045

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Thomas F. Scheer

Mailing Address 4711 N Woodburn Street

City

Whitefish Bay

State

WI

Zip Code

53211-1127

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-685

Amount of Each Receipt this Period

18.00

C.

Full Name (Last, First, Middle Initial)

Thomas F. Scheer

Mailing Address 4711 N Woodburn Street

City

Whitefish Bay

State

WI

Zip Code

53211-1127

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-685

Amount of Each Receipt this Period

18.00

SUBTOTAL of Receipts This Page (optional)

46.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Thomas F. Scheer

Mailing Address 4711 N Woodburn Street

City

Whitefish Bay

State

WI

Zip Code

53211-1127

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-685

Amount of Each Receipt this Period

18.00

B.

Full Name (Last, First, Middle Initial)

John E. Schlifske

Mailing Address 1500 Greenway Terrace

City

Elm Grove

State

WI

Zip Code

53122-1611

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-775

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

John E. Schlifske

Mailing Address 1500 Greenway Terrace

City

Elm Grove

State

WI

Zip Code

53122-1611

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-775

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

434.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John E. Schlifske

Mailing Address 1500 Greenway Terrace

City

Elm Grove

State

WI

Zip Code

53122-1611

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-775

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey S. Schlinsog

Mailing Address W73N412 Greystone Drive

City

Cedarburg

State

WI

Zip Code

53012-2281

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Dir Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

552.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-980

Amount of Each Receipt this Period

24.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey S. Schlinsog

Mailing Address W73N412 Greystone Drive

City

Cedarburg

State

WI

Zip Code

53012-2281

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Dir Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

552.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-980

Amount of Each Receipt this Period

24.00

SUBTOTAL of Receipts This Page (optional)

256.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 185 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey S. Schlinsog

Mailing Address W73N412 Greystone Drive

City

Cedarburg

State

WI

Zip Code

53012-2281

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Research

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

552.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-980

Amount of Each Receipt this Period

24.00

B.

Full Name (Last, First, Middle Initial)

Kathleen H. Schluter

Mailing Address 5057 N Palisades Road

City

Whitefish Bay

State

WI

Zip Code

53217-5756

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Tax Cnsl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

744.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-777

Amount of Each Receipt this Period

31.00

C.

Full Name (Last, First, Middle Initial)

Kathleen H. Schluter

Mailing Address 5057 N Palisades Road

City

Whitefish Bay

State

WI

Zip Code

53217-5756

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Tax Cnsl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

744.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-777

Amount of Each Receipt this Period

31.00

SUBTOTAL of Receipts This Page (optional)

86.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Kathleen H. Schluter

Mailing Address 5057 N Palisades Road

City

Whitefish Bay

State

WI

Zip Code

53217-5756

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Tax Cnsl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

744.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: 2010011293122-777

Amount of Each Receipt this Period

31.00

B.

Full Name (Last, First, Middle Initial)

Calvin R. Schmidt

Mailing Address W205 Allen Road

City

Oconomowoc

State

WI

Zip Code

53066-9048

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Inv Prod Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

864.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 20091203123618-803

Amount of Each Receipt this Period

57.00

C.

Full Name (Last, First, Middle Initial)

Calvin R. Schmidt

Mailing Address W205 Allen Road

City

Oconomowoc

State

WI

Zip Code

53066-9048

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Inv Prod Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

864.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: 2009121613433-803

Amount of Each Receipt this Period

57.00

SUBTOTAL of Receipts This Page (optional)

145.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 187 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Calvin R. Schmidt

Mailing Address W205 Allen Road

City

Oconomowoc

State

WI

Zip Code

53066-9048

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Inv Prod Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

864.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-803

Amount of Each Receipt this Period

57.00

B.

Full Name (Last, First, Middle Initial)

Rodd Schneider

Mailing Address 1415 E Fairy Chasm R

City

Bayside

State

WI

Zip Code

53217

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Lit Cnsl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

708.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-534

Amount of Each Receipt this Period

27.00

C.

Full Name (Last, First, Middle Initial)

Rodd Schneider

Mailing Address 1415 E Fairy Chasm R

City

Bayside

State

WI

Zip Code

53217

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Lit Cnsl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

708.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-534

Amount of Each Receipt this Period

27.00

SUBTOTAL of Receipts This Page (optional)

111.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Rodd Schneider

Mailing Address 1415 E Fairy Chasm R

City

Bayside

State

WI

Zip Code

53217

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Lit Cnsl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

708.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-534

Amount of Each Receipt this Period

27.00

B.

Full Name (Last, First, Middle Initial)

Sarah R. Schneider

Mailing Address 4380 N Wildwood Avenue

City

Shorewood

State

WI

Zip Code

53211-1436

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Wmc Chief Ops Ofc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-772

Amount of Each Receipt this Period

19.00

C.

Full Name (Last, First, Middle Initial)

Sarah R. Schneider

Mailing Address 4380 N Wildwood Avenue

City

Shorewood

State

WI

Zip Code

53211-1436

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Wmc Chief Ops Ofc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-772

Amount of Each Receipt this Period

19.00

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 189 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Todd M. Schoon

Mailing Address 923 E Kilbourn Avenue U

City

Milwaukee

State

WI

Zip Code

53202-3493

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Sr VP Agencies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-1088

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Todd M. Schoon

Mailing Address 923 E Kilbourn Avenue U

City

Milwaukee

State

WI

Zip Code

53202-3493

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Sr VP Agencies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-1088

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Todd M. Schoon

Mailing Address 923 E Kilbourn Avenue U

City

Milwaukee

State

WI

Zip Code

53202-3493

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Sr VP Agencies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-1088

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 190 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Brad P Seitzinger

Mailing Address 1672 Chieftan Circle

City

Oxford

State

MI

Zip Code

48371-6095

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seitzinger Fncl Gp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1088.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 20091203123535-50

Amount of Each Receipt this Period

52.00

B.

Full Name (Last, First, Middle Initial)

Brad P Seitzinger

Mailing Address 1672 Chieftan Circle

City

Oxford

State

MI

Zip Code

48371-6095

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seitzinger Fncl Gp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1088.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: 20091216134220-50

Amount of Each Receipt this Period

52.00

C.

Full Name (Last, First, Middle Initial)

Brad P Seitzinger

Mailing Address 1672 Chieftan Circle

City

Oxford

State

MI

Zip Code

48371-6095

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seitzinger Fncl Gp Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1088.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: 2010011293038-50

Amount of Each Receipt this Period

52.00

SUBTOTAL of Receipts This Page (optional)

156.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Catherine L. Shaw

Mailing Address 7720 Rogers Avenue

City

Wauwatosa

State

WI

Zip Code

53213-1748

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-896

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Catherine L. Shaw

Mailing Address 7720 Rogers Avenue

City

Wauwatosa

State

WI

Zip Code

53213-1748

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-896

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Catherine L. Shaw

Mailing Address 7720 Rogers Avenue

City

Wauwatosa

State

WI

Zip Code

53213-1748

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-896

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 192 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

David W. Simbro

Mailing Address 311 E Erie Street Unit 4

City

Milwaukee

State

WI

Zip Code

53202-6040

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Life Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 20091203123618-1077

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

David W. Simbro

Mailing Address 311 E Erie Street Unit 4

City

Milwaukee

State

WI

Zip Code

53202-6040

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Life Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: 2009121613433-1077

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

David W. Simbro

Mailing Address 311 E Erie Street Unit 4

City

Milwaukee

State

WI

Zip Code

53202-6040

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Life Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: 2010011293122-1077

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 193 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Paul W. Skalecki

Mailing Address W69N463 Fox Pointe A

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Uw Standards

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-889

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Paul W. Skalecki

Mailing Address W69N463 Fox Pointe A

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Uw Standards

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-889

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Paul W. Skalecki

Mailing Address W69N463 Fox Pointe A

City

Cedarburg

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Uw Standards

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-889

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 194 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Mark W. Smith

Mailing Address 614 Park Crest Drive

City

Thiensville

State

WI

Zip Code

53092-1423

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	9	

Transaction ID: 20091203123618-891

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Mark W. Smith

Mailing Address 614 Park Crest Drive

City

Thiensville

State

WI

Zip Code

53092-1423

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	9	

Transaction ID: 2009121613433-891

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Mark W. Smith

Mailing Address 614 Park Crest Drive

City

Thiensville

State

WI

Zip Code

53092-1423

FEC ID number of contributing
federal political committee.**C**Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	9	

Transaction ID: 2010011293122-891

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Richard P. Snyder

Mailing Address 909 Fairview Avenue

City

South Milwaukee

State

WI

Zip Code

53172-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Distribution Plng

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-658

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Richard P. Snyder

Mailing Address 909 Fairview Avenue

City

South Milwaukee

State

WI

Zip Code

53172-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Distribution Plng

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-658

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Richard P. Snyder

Mailing Address 909 Fairview Avenue

City

South Milwaukee

State

WI

Zip Code

53172-1719

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Distribution Plng

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-658

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Steve P. Sperka

Mailing Address S67W17735 Copper Oak

City

Muskego

State

WI

Zip Code

53150-7503

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Ltc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-807

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Steve P. Sperka

Mailing Address S67W17735 Copper Oak

City

Muskego

State

WI

Zip Code

53150-7503

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Ltc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-807

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Steve P. Sperka

Mailing Address S67W17735 Copper Oak

City

Muskego

State

WI

Zip Code

53150-7503

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Ltc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-807

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Robert L Spinks

Mailing Address 305 Waterbury Cove

City

Jackson

State

MS

Zip Code

39232-8692

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

736.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-12

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Robert L Spinks

Mailing Address 305 Waterbury Cove

City

Jackson

State

MS

Zip Code

39232-8692

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

736.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-12

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Robert L Spinks

Mailing Address 305 Waterbury Cove

City

Jackson

State

MS

Zip Code

39232-8692

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

736.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-12

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 198 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Paul J. Steffen

Mailing Address 10502 N Stone Creek

City

Mequon

State

WI

Zip Code

53092-5463

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Agencies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-535

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Paul J. Steffen

Mailing Address 10502 N Stone Creek

City

Mequon

State

WI

Zip Code

53092-5463

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Agencies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-535

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Paul J. Steffen

Mailing Address 10502 N Stone Creek

City

Mequon

State

WI

Zip Code

53092-5463

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Agencies

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-535

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jason Steigman

Mailing Address 2301 E Newton Avenue

City

Shorewood

State

WI

Zip Code

53211-2617

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-618

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Jason Steigman

Mailing Address 2301 E Newton Avenue

City

Shorewood

State

WI

Zip Code

53211-2617

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-618

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Jason Steigman

Mailing Address 2301 E Newton Avenue

City

Shorewood

State

WI

Zip Code

53211-2617

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-618

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

David G. Stoeffel

Mailing Address 6311 N Lake Drive

City

Whitefish Bay

State

WI

Zip Code

53217-4343

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Invest Prod Ln

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-892

Amount of Each Receipt this Period

29.00

B.

Full Name (Last, First, Middle Initial)

David G. Stoeffel

Mailing Address 6311 N Lake Drive

City

Whitefish Bay

State

WI

Zip Code

53217-4343

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Invest Prod Ln

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-892

Amount of Each Receipt this Period

29.00

C.

Full Name (Last, First, Middle Initial)

David G. Stoeffel

Mailing Address 6311 N Lake Drive

City

Whitefish Bay

State

WI

Zip Code

53217-4343

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Invest Prod Ln

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-892

Amount of Each Receipt this Period

29.00

SUBTOTAL of Receipts This Page (optional)

87.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Stephen R. Stone

Mailing Address N58 W24851 Cardinal

City

Sussex

State

WI

Zip Code

53089

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Inv Acctg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-683

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Stephen R. Stone

Mailing Address N58 W24851 Cardinal

City

Sussex

State

WI

Zip Code

53089

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Inv Acctg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-683

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Stephen R. Stone

Mailing Address N58 W24851 Cardinal

City

Sussex

State

WI

Zip Code

53089

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Inv Acctg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-683

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Richard A. Strait

Mailing Address 9086 N Tennyson Drive

City

Bayside

State

WI

Zip Code

53217-1967

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-1075

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Richard A. Strait

Mailing Address 9086 N Tennyson Drive

City

Bayside

State

WI

Zip Code

53217-1967

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-1075

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Richard A. Strait

Mailing Address 9086 N Tennyson Drive

City

Bayside

State

WI

Zip Code

53217-1967

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-1075

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 203 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Steven J. Stribling

Mailing Address 11830 W Whitaker Avenue

City

Greenfield

State

WI

Zip Code

53228-2455

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director - Di Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-1091

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Steven J. Stribling

Mailing Address 11830 W Whitaker Avenue

City

Greenfield

State

WI

Zip Code

53228-2455

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director - Di Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-1091

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Steven J. Stribling

Mailing Address 11830 W Whitaker Avenue

City

Greenfield

State

WI

Zip Code

53228-2455

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director - Di Benefits

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-1091

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Stephen J. Strommen

Mailing Address 7410 N Range Line Road

City

Glendale

State

WI

Zip Code

53209-2028

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
Sr Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 20091203123618-776

Amount of Each Receipt this Period

18.00

B.

Full Name (Last, First, Middle Initial)

Stephen J. Strommen

Mailing Address 7410 N Range Line Road

City

Glendale

State

WI

Zip Code

53209-2028

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
Sr Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: 2009121613433-776

Amount of Each Receipt this Period

18.00

C.

Full Name (Last, First, Middle Initial)

Stephen J. Strommen

Mailing Address 7410 N Range Line Road

City

Glendale

State

WI

Zip Code

53209-2028

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
Sr Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: 2010011293122-776

Amount of Each Receipt this Period

18.00

SUBTOTAL of Receipts This Page (optional)

54.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Daphne C Stroud

Mailing Address 150 Fernwood Drive

City

East Greenwich

State

RI

Zip Code

02818-1616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern NE Group LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-66

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Daphne C Stroud

Mailing Address 150 Fernwood Drive

City

East Greenwich

State

RI

Zip Code

02818-1616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern NE Group LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-66

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Daphne C Stroud

Mailing Address 150 Fernwood Drive

City

East Greenwich

State

RI

Zip Code

02818-1616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern NE Group LLC

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-66

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 206 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Theodore H. Strupp

Mailing Address 9411 Harding Boulevard

City

Wauwatosa

State

WI

Zip Code

53226-1722

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Comm Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	9	

Transaction ID: 20091203123618-802

Amount of Each Receipt this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Theodore H. Strupp

Mailing Address 9411 Harding Boulevard

City

Wauwatosa

State

WI

Zip Code

53226-1722

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Comm Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	9	

Transaction ID: 2009121613433-802

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Theodore H. Strupp

Mailing Address 9411 Harding Boulevard

City

Wauwatosa

State

WI

Zip Code

53226-1722

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Comm Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	9	

Transaction ID: 2010011293122-802

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

45.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Christopher P. Swain

Mailing Address 10927 N Wyngate Trail

City

Mequon

State

WI

Zip Code

53092-5862

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-844

Amount of Each Receipt this Period

10.42

B.

Full Name (Last, First, Middle Initial)

Christopher P. Swain

Mailing Address 10927 N Wyngate Trail

City

Mequon

State

WI

Zip Code

53092-5862

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-844

Amount of Each Receipt this Period

10.42

C.

Full Name (Last, First, Middle Initial)

Christopher P. Swain

Mailing Address 10927 N Wyngate Trail

City

Mequon

State

WI

Zip Code

53092-5862

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-844

Amount of Each Receipt this Period

10.42

SUBTOTAL of Receipts This Page (optional)

31.26

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 208 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Victoria A. Sweigart

Mailing Address 114 Brookdale Drive

City

South Milwauk

State

WI

Zip Code

53172-1215

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Shared Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-972

Amount of Each Receipt this Period

9.00

B.

Full Name (Last, First, Middle Initial)

Rachel L. Taknint

Mailing Address 4733 N Cumberland Bl

City

Whitefish Bay

State

WI

Zip Code

53211-1140

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Info Risk Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-837

Amount of Each Receipt this Period

28.00

C.

Full Name (Last, First, Middle Initial)

Rachel L. Taknint

Mailing Address 4733 N Cumberland Bl

City

Whitefish Bay

State

WI

Zip Code

53211-1140

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Info Risk Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-837

Amount of Each Receipt this Period

28.00

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Rachel L. Taktint

Mailing Address 4733 N Cumberland Bl

City

Whitefish Bay

State

WI

Zip Code

53211-1140

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Info Risk Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: 2010011293122-837

Amount of Each Receipt this Period

28.00

B.

Full Name (Last, First, Middle Initial)

Thomas Talajkowski

Mailing Address 1550 East Cumberland

City

Whitefish Bay

State

WI

Zip Code

53211-1141

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Product Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 20091203123618-875

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Thomas Talajkowski

Mailing Address 1550 East Cumberland

City

Whitefish Bay

State

WI

Zip Code

53211-1141

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Product Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: 2009121613433-875

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

48.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 210 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Thomas Talajkowski

Mailing Address 1550 East Cumberland

City

Whitefish Bay

State

WI

Zip Code

53211-1141

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Product Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-875

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Elizabeth B. Taylor

Mailing Address W287 N945 Bedouin Court

City

Waukesha

State

WI

Zip Code

53188

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Adv PIng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-1117

Amount of Each Receipt this Period

14.00

C.

Full Name (Last, First, Middle Initial)

Elizabeth B. Taylor

Mailing Address W287 N945 Bedouin Court

City

Waukesha

State

WI

Zip Code

53188

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Adv PIng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-1117

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)

38.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 211 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Joe P Teague

Mailing Address 2613 N Dundee Street

City

Tampa

State

FL

Zip Code

33629-7516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Teague Fnc'l Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1680.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-15

Amount of Each Receipt this Period

70.00

B.

Full Name (Last, First, Middle Initial)

Joe P Teague

Mailing Address 2613 N Dundee Street

City

Tampa

State

FL

Zip Code

33629-7516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Teague Fnc'l Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1680.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-15

Amount of Each Receipt this Period

70.00

C.

Full Name (Last, First, Middle Initial)

Joe P Teague

Mailing Address 2613 N Dundee Street

City

Tampa

State

FL

Zip Code

33629-7516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Teague Fnc'l Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1680.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-15

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 212 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Michael F Tews

Mailing Address 609 S 249th Circle

City

Waterloo

State

NE

Zip Code

68069-4432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tews Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-33

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Michael F Tews

Mailing Address 609 S 249th Circle

City

Waterloo

State

NE

Zip Code

68069-4432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tews Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-33

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Michael F Tews

Mailing Address 609 S 249th Circle

City

Waterloo

State

NE

Zip Code

68069-4432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tews Fncl Group Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-33

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 213 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Scott P Theodore

Mailing Address 12505 Ventana Mesa Circle

City

Castle Rock

State

CO

Zip Code

80108-9148

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-43

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Scott P Theodore

Mailing Address 12505 Ventana Mesa Circle

City

Castle Rock

State

CO

Zip Code

80108-9148

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-43

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Scott P Theodore

Mailing Address 12505 Ventana Mesa Circle

City

Castle Rock

State

CO

Zip Code

80108-9148

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-43

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 214 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Douglas D. Timmer

Mailing Address 633 W McIntosh Lane

City

Mequon

State

WI

Zip Code

53092-6022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-1006

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Douglas D. Timmer

Mailing Address 633 W McIntosh Lane

City

Mequon

State

WI

Zip Code

53092-6022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-1006

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Douglas D. Timmer

Mailing Address 633 W McIntosh Lane

City

Mequon

State

WI

Zip Code

53092-6022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-1006

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

51.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 215 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Gloria E. Tracy

Mailing Address 459 Park Avenue

City

Pewaukee

State

WI

Zip Code

53072-3440

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Dir Splty Mkts

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-967

Amount of Each Receipt this Period

9.00

B.

Full Name (Last, First, Middle Initial)

Gloria E. Tracy

Mailing Address 459 Park Avenue

City

Pewaukee

State

WI

Zip Code

53072-3440

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Dir Splty Mkts

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-967

Amount of Each Receipt this Period

9.00

C.

Full Name (Last, First, Middle Initial)

Alessandro J Tronco

Mailing Address 5 N Point Drive

City

Cohoes

State

NY

Zip Code

12047-3823

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-68

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 216 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Alessandro J Tronco

Mailing Address 5 N Point Drive

City

Cohoes

State

NY

Zip Code

12047-3823

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	9

Transaction ID: 20091216134220-68

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Alessandro J Tronco

Mailing Address 5 N Point Drive

City

Cohoes

State

NY

Zip Code

12047-3823

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: 2010011293038-68

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Chris G. Trost

Mailing Address 1218 E Olive Street

City

Shorewood

State

WI

Zip Code

53211-1825

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Sr Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	0	9

Transaction ID: 20091203123618-617

Amount of Each Receipt this Period

18.00

SUBTOTAL of Receipts This Page (optional)

102.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 217 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Chris G. Trost

Mailing Address 1218 E Olive Street

City

Shorewood

State

WI

Zip Code

53211-1825

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Sr Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-617

Amount of Each Receipt this Period

18.00

B.

Full Name (Last, First, Middle Initial)

Chris G. Trost

Mailing Address 1218 E Olive Street

City

Shorewood

State

WI

Zip Code

53211-1825

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Sr Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-617

Amount of Each Receipt this Period

18.00

C.

Full Name (Last, First, Middle Initial)

Leo C Tucker

Mailing Address 605 Potomac River Road

City

Mc Lean

State

VA

Zip Code

22102-1402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-59

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

111.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 218 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Leo C Tucker

Mailing Address 605 Potomac River Road

City

Mc Lean

State

VA

Zip Code

22102-1402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-59

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Leo C Tucker

Mailing Address 605 Potomac River Road

City

Mc Lean

State

VA

Zip Code

22102-1402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-59

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Sean P. Twohig

Mailing Address 762 Country Club Lane

City

Fond Du Lac

State

WI

Zip Code

54935-8313

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Director li

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-1047

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 219 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Sean P. Twohig

Mailing Address 762 Country Club Lane

City

Fond Du Lac

State

WI

Zip Code

54935-8313

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
Director li

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: 2010011293122-1047

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Bruce K. Twomey

Mailing Address 1035B Oakwood Lane

City

Brookfield

State

WI

Zip Code

53045-2828

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
Dir Tech Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 20091203123618-529

Amount of Each Receipt this Period

11.00

C.

Full Name (Last, First, Middle Initial)

Bruce K. Twomey

Mailing Address 1035B Oakwood Lane

City

Brookfield

State

WI

Zip Code

53045-2828

FEC ID number of contributing
federal political committee.

C

Name of Employer
NMLOccupation
Dir Tech Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: 2009121613433-529

Amount of Each Receipt this Period

11.00

SUBTOTAL of Receipts This Page (optional)

42.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 220 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Bruce K. Twomey

Mailing Address 1035B Oakwood Lane

City

Brookfield

State

WI

Zip Code

53045-2828

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Tech Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-529

Amount of Each Receipt this Period

11.00

B.

Full Name (Last, First, Middle Initial)

Donald G. Tyler

Mailing Address 4480 N Maryland

City

Shorewood

State

WI

Zip Code

53211-1651

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Ips Prod & Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-1072

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Donald G. Tyler

Mailing Address 4480 N Maryland

City

Shorewood

State

WI

Zip Code

53211-1651

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Ips Prod & Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-1072

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

71.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 221 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Donald G. Tyler

Mailing Address 4480 N Maryland

City

Shorewood

State

WI

Zip Code

53211-1651

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Ips Prod & Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-1072

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Martha M. Valerio

Mailing Address 6048 N Lydell

City

Whitefish Bay

State

WI

Zip Code

53217-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Info Security Ofcr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: C2A1A8679D268A5254A

Amount of Each Receipt this Period

12.00

C.

Full Name (Last, First, Middle Initial)

Martha M. Valerio

Mailing Address 6048 N Lydell

City

Whitefish Bay

State

WI

Zip Code

53217-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Info Security Ofcr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: D64CCE9EA2240306AE4

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)

54.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 222 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Martha M. Valerio

Mailing Address 6048 N Lydell

City

Whitefish Bay

State

WI

Zip Code

53217-4522

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP & Chief Info Security Ofcr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: 75569CB2B3DD3425AD1

Amount of Each Receipt this Period

12.00

B.

Full Name (Last, First, Middle Initial)

Patricia L. Van Kampen

Mailing Address 4520 N Lake Drive

City

Whitefish Bay

State

WI

Zip Code

53211-1252

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Public Equities

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1536.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 20091203123618-626

Amount of Each Receipt this Period

62.00

C.

Full Name (Last, First, Middle Initial)

Patricia L. Van Kampen

Mailing Address 4520 N Lake Drive

City

Whitefish Bay

State

WI

Zip Code

53211-1252

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Public Equities

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1536.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: 2009121613433-626

Amount of Each Receipt this Period

62.00

SUBTOTAL of Receipts This Page (optional)

136.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 223 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Patricia L. Van Kampen

Mailing Address 4520 N Lake Drive

City

Whitefish Bay

State

WI

Zip Code

53211-1252

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Public Equities

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1536.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-626

Amount of Each Receipt this Period

62.00

B.

Full Name (Last, First, Middle Initial)

Andrew T. Vedder

Mailing Address 2852 N Farwell Avenue

City

Milwaukee

State

WI

Zip Code

53211-3760

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-1094

Amount of Each Receipt this Period

14.00

C.

Full Name (Last, First, Middle Initial)

Andrew T. Vedder

Mailing Address 2852 N Farwell Avenue

City

Milwaukee

State

WI

Zip Code

53211-3760

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-1094

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 224 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Janine L. Wagner

Mailing Address 1300 N Prospect Avenue

City

Milwaukee

State

WI

Zip Code

53202-3022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-825

Amount of Each Receipt this Period

12.00

B.

Full Name (Last, First, Middle Initial)

Janine L. Wagner

Mailing Address 1300 N Prospect Avenue

City

Milwaukee

State

WI

Zip Code

53202-3022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-825

Amount of Each Receipt this Period

12.00

C.

Full Name (Last, First, Middle Initial)

Janine L. Wagner

Mailing Address 1300 N Prospect Avenue

City

Milwaukee

State

WI

Zip Code

53202-3022

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-825

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)

36.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 225 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Robert J Waltos, Jr.

Mailing Address 7 Castaways N

City

Newport Beach

State

CA

Zip Code

92660-8403

FEC ID number of contributing
federal political committee.

C

Name of Employer
RJ Waltos Ins Ser Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-26

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Robert J Waltos, Jr.

Mailing Address 7 Castaways N

City

Newport Beach

State

CA

Zip Code

92660-8403

FEC ID number of contributing
federal political committee.

C

Name of Employer
RJ Waltos Ins Ser Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-26

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Robert J Waltos, Jr.

Mailing Address 7 Castaways N

City

Newport Beach

State

CA

Zip Code

92660-8403

FEC ID number of contributing
federal political committee.

C

Name of Employer
RJ Waltos Ins Ser Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-26

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 226 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Gregory J. Walz

Mailing Address 130 S Water Street Apt. 4

City

Milwaukee

State

WI

Zip Code

53204-1499

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	9	

Transaction ID: 20091203123618-1025

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Gregory J. Walz

Mailing Address 130 S Water Street Apt. 4

City

Milwaukee

State

WI

Zip Code

53204-1499

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	9	

Transaction ID: 2009121613433-1025

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Gregory J. Walz

Mailing Address 130 S Water Street Apt. 4

City

Milwaukee

State

WI

Zip Code

53204-1499

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	9	

Transaction ID: 2010011293122-1025

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 227 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Philip Andrew Ware

Mailing Address 7900 N Berwyn Avenue

City

Glendale

State

WI

Zip Code

53209-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-515

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Philip Andrew Ware

Mailing Address 7900 N Berwyn Avenue

City

Glendale

State

WI

Zip Code

53209-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-515

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Philip Andrew Ware

Mailing Address 7900 N Berwyn Avenue

City

Glendale

State

WI

Zip Code

53209-1810

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
VP Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-515

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Andrew T. Wassweiler

Mailing Address 6746 River Terrace D

City

Franklin

State

WI

Zip Code

53132

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-812

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Andrew T. Wassweiler

Mailing Address 6746 River Terrace D

City

Franklin

State

WI

Zip Code

53132

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-812

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Andrew T. Wassweiler

Mailing Address 6746 River Terrace D

City

Franklin

State

WI

Zip Code

53132

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-812

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 229 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Alison Watson

Mailing Address 629 Constitution Avenue

City

Washington

State

DC

Zip Code

20002-6086

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Fed Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-1055

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Alison Watson

Mailing Address 629 Constitution Avenue

City

Washington

State

DC

Zip Code

20002-6086

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Fed Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-1055

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Alison Watson

Mailing Address 629 Constitution Avenue

City

Washington

State

DC

Zip Code

20002-6086

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Fed Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-1055

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 230 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Robert J. Welsh

Mailing Address S68 W17598 Marybeck

City

Muskego

State

WI

Zip Code

53150

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir EE Comp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 20091203123618-948

Amount of Each Receipt this Period

9.00

B.

Full Name (Last, First, Middle Initial)

Robert J. Welsh

Mailing Address S68 W17598 Marybeck

City

Muskego

State

WI

Zip Code

53150

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir EE Comp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: 2009121613433-948

Amount of Each Receipt this Period

9.00

C.

Full Name (Last, First, Middle Initial)

Robert J. Welsh

Mailing Address S68 W17598 Marybeck

City

Muskego

State

WI

Zip Code

53150

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir EE Comp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: 2010011293122-948

Amount of Each Receipt this Period

9.00

SUBTOTAL of Receipts This Page (optional)

27.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 231 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey B. Williams

Mailing Address 2004 N 72nd Street

City

Wauwatosa

State

WI

Zip Code

53213-1828

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Corp Risk Mgmt

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

612.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-584

Amount of Each Receipt this Period

24.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey B. Williams

Mailing Address 2004 N 72nd Street

City

Wauwatosa

State

WI

Zip Code

53213-1828

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Corp Risk Mgmt

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

612.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-584

Amount of Each Receipt this Period

24.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey B. Williams

Mailing Address 2004 N 72nd Street

City

Wauwatosa

State

WI

Zip Code

53213-1828

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Corp Risk Mgmt

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

612.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-584

Amount of Each Receipt this Period

24.00

SUBTOTAL of Receipts This Page (optional)

72.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 232 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John A Williamson, Jr.

Mailing Address 608 Euclid Avenue

City

Birmingham

State

AL

Zip Code

35213-2518

FEC ID number of contributing
federal political committee.

C

Name of Employer
NM Fncl Nwk Of AL Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-11

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

John A Williamson, Jr.

Mailing Address 608 Euclid Avenue

City

Birmingham

State

AL

Zip Code

35213-2518

FEC ID number of contributing
federal political committee.

C

Name of Employer
NM Fncl Nwk Of AL Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-11

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

John A Williamson, Jr.

Mailing Address 608 Euclid Avenue

City

Birmingham

State

AL

Zip Code

35213-2518

FEC ID number of contributing
federal political committee.

C

Name of Employer
NM Fncl Nwk Of AL Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-11

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 233 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Brian D. Wilson

Mailing Address 11128 N Whilton Road

City

Mequon

State

WI

Zip Code

53097-3439

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Ips Mkt & Sls

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-1097

Amount of Each Receipt this Period

19.00

B.

Full Name (Last, First, Middle Initial)

Brian D. Wilson

Mailing Address 11128 N Whilton Road

City

Mequon

State

WI

Zip Code

53097-3439

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Ips Mkt & Sls

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-1097

Amount of Each Receipt this Period

19.00

C.

Full Name (Last, First, Middle Initial)

Brian D. Wilson

Mailing Address 11128 N Whilton Road

City

Mequon

State

WI

Zip Code

53097-3439

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Ips Mkt & Sls

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-1097

Amount of Each Receipt this Period

19.00

SUBTOTAL of Receipts This Page (optional)

57.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 234 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

James R Worrell

Mailing Address 2218 Hopedale Avenue

City

Charlotte

State

NC

Zip Code

28207-2130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Worrell Gen Agt Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-4

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

James R Worrell

Mailing Address 2218 Hopedale Avenue

City

Charlotte

State

NC

Zip Code

28207-2130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Worrell Gen Agt Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-4

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

James R Worrell

Mailing Address 2218 Hopedale Avenue

City

Charlotte

State

NC

Zip Code

28207-2130

FEC ID number of contributing
federal political committee.

C

Name of Employer
Worrell Gen Agt Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3264.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-4

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 235 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John W Wright, II

Mailing Address 4463 Jett Road Northwest

City

Atlanta

State

GA

Zip Code

30327-3563

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goodwin Wright Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1133.44

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-49

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

John W Wright, II

Mailing Address 4463 Jett Road Northwest

City

Atlanta

State

GA

Zip Code

30327-3563

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goodwin Wright Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1133.44

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-49

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

John W Wright, II

Mailing Address 4463 Jett Road Northwest

City

Atlanta

State

GA

Zip Code

30327-3563

FEC ID number of contributing
federal political committee.

C

Name of Employer
Goodwin Wright Inc

Occupation

Special Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1133.44

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-49

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 236 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Conrad C. York

Mailing Address 522 Heather Lane

City

Wales

State

WI

Zip Code

53183-9768

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Marketing

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 20091203123618-781

Amount of Each Receipt this Period

55.00

B.

Full Name (Last, First, Middle Initial)

Conrad C. York

Mailing Address 522 Heather Lane

City

Wales

State

WI

Zip Code

53183-9768

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Marketing

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: 2009121613433-781

Amount of Each Receipt this Period

55.00

C.

Full Name (Last, First, Middle Initial)

Conrad C. York

Mailing Address 522 Heather Lane

City

Wales

State

WI

Zip Code

53183-9768

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Marketing

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: 2010011293122-781

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 237 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Catherine M. Young

Mailing Address 929 N Astor Street Unit

City

Milwaukee

State

WI

Zip Code

53202-7000

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-1113

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Catherine M. Young

Mailing Address 929 N Astor Street Unit

City

Milwaukee

State

WI

Zip Code

53202-7000

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-1113

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Catherine M. Young

Mailing Address 929 N Astor Street Unit

City

Milwaukee

State

WI

Zip Code

53202-7000

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Asst Gc & Asst Sec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-1113

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 238 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

John E. Young

Mailing Address 6728 Maple Terrace

City

Wauwatosa

State

WI

Zip Code

53213-3259

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Dir IS Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-908

Amount of Each Receipt this Period

11.00

B.

Full Name (Last, First, Middle Initial)

John E. Young

Mailing Address 6728 Maple Terrace

City

Wauwatosa

State

WI

Zip Code

53213-3259

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Dir IS Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-908

Amount of Each Receipt this Period

11.00

C.

Full Name (Last, First, Middle Initial)

John E. Young

Mailing Address 6728 Maple Terrace

City

Wauwatosa

State

WI

Zip Code

53213-3259

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation
Dir IS Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-908

Amount of Each Receipt this Period

11.00

SUBTOTAL of Receipts This Page (optional)

33.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 239 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Michael L. Youngman

Mailing Address 716 E Sylvan Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5350

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Govt Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1392.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-970

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Michael L. Youngman

Mailing Address 716 E Sylvan Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5350

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Govt Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1392.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-970

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

Michael L. Youngman

Mailing Address 716 E Sylvan Avenue

City

Whitefish Bay

State

WI

Zip Code

53217-5350

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Govt Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1392.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-970

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 240 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Thomas Scott Zach

Mailing Address 6630 County Creek Lane

City

Cedar Rapids

State

IA

Zip Code

52403-7023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-63

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Thomas Scott Zach

Mailing Address 6630 County Creek Lane

City

Cedar Rapids

State

IA

Zip Code

52403-7023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-63

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Thomas Scott Zach

Mailing Address 6630 County Creek Lane

City

Cedar Rapids

State

IA

Zip Code

52403-7023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-63

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 241 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Thomas D. Zale

Mailing Address 2818 E Menlo Boulevard

City

Shorewood

State

WI

Zip Code

53211-2652

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-808

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Thomas D. Zale

Mailing Address 2818 E Menlo Boulevard

City

Shorewood

State

WI

Zip Code

53211-2652

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-808

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Thomas D. Zale

Mailing Address 2818 E Menlo Boulevard

City

Shorewood

State

WI

Zip Code

53211-2652

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-808

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 242 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Diana M. Zawada

Mailing Address N1 W311143 Wildwood

City

Delafield

State

WI

Zip Code

53018

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Fac Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	9	

Transaction ID: 20091203123618-783

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Diana M. Zawada

Mailing Address N1 W311143 Wildwood

City

Delafield

State

WI

Zip Code

53018

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Fac Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	9	

Transaction ID: 2009121613433-783

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Diana M. Zawada

Mailing Address N1 W311143 Wildwood

City

Delafield

State

WI

Zip Code

53018

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Fac Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	9	

Transaction ID: 2010011293122-783

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

51.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 243 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Rick T. Zehner

Mailing Address 203 W Ravine Baye

City

Bayside

State

WI

Zip Code

53217-1334

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Dist Strat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-988

Amount of Each Receipt this Period

31.00

B.

Full Name (Last, First, Middle Initial)

Rick T. Zehner

Mailing Address 203 W Ravine Baye

City

Bayside

State

WI

Zip Code

53217-1334

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Dist Strat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-988

Amount of Each Receipt this Period

31.00

C.

Full Name (Last, First, Middle Initial)

Rick T. Zehner

Mailing Address 203 W Ravine Baye

City

Bayside

State

WI

Zip Code

53217-1334

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

VP Dist Strat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-988

Amount of Each Receipt this Period

31.00

SUBTOTAL of Receipts This Page (optional)

93.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 244 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Todd O. Zinkgraf

Mailing Address 118 Ferris Drive

City

North Prairie

State

WI

Zip Code

53153-9455

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Enterprise Sol

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123618-1013

Amount of Each Receipt this Period

10.00

B.

Full Name (Last, First, Middle Initial)

Todd O. Zinkgraf

Mailing Address 118 Ferris Drive

City

North Prairie

State

WI

Zip Code

53153-9455

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Enterprise Sol

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 2009121613433-1013

Amount of Each Receipt this Period

10.00

C.

Full Name (Last, First, Middle Initial)

Todd O. Zinkgraf

Mailing Address 118 Ferris Drive

City

North Prairie

State

WI

Zip Code

53153-9455

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Dir Enterprise Sol

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293122-1013

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 245 / 253

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Edward J. Zore

Mailing Address 2505 W Dean Road

City

River Hills

State

WI

Zip Code

53217-2010

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Chairman & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: 20091203123618-1021

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Edward J. Zore

Mailing Address 2505 W Dean Road

City

River Hills

State

WI

Zip Code

53217-2010

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Chairman & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Transaction ID: 2009121613433-1021

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Edward J. Zore

Mailing Address 2505 W Dean Road

City

River Hills

State

WI

Zip Code

53217-2010

FEC ID number of contributing
federal political committee.

C

Name of Employer
NML

Occupation

Chairman & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: 2010011293122-1021

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 246 / 253

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Jeffrey Zuzolo

Mailing Address 104 Wildwood Drive

City

Avon

State

CT

Zip Code

06001-4413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091203123535-25

Amount of Each Receipt this Period

208.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey Zuzolo

Mailing Address 104 Wildwood Drive

City

Avon

State

CT

Zip Code

06001-4413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091216134220-25

Amount of Each Receipt this Period

208.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey Zuzolo

Mailing Address 104 Wildwood Drive

City

Avon

State

CT

Zip Code

06001-4413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation

General Insurance Agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4992.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 2010011293038-25

Amount of Each Receipt this Period

208.00

SUBTOTAL of Receipts This Page (optional)

624.00

TOTAL This Period (last page this line number only)

41310.76

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 247 / 253

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Stivers for Congress

Mailing Address 4679 Winterset Drive

City	State	Zip Code
Columbus	OH	43220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	0	9

Transaction ID: 8E1CCA2A2ED977DD091

Amount of Each Receipt this Period

2000.00

Refund of 7/22/08 Contrib-
ution

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

2000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 248 / 253

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

US Bank

Mailing Address 777 E. Wisconsin Ave.

City
Milwaukee

State
WI

Zip Code
53202

Purpose of Disbursement

Service Charge

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 81E4C0CE70D6160059D

Date of Disbursement

11 / 19 / 2009

Amount of Each Disbursement this Period

4.85

B.

Full Name (Last, First, Middle Initial)

US Bank

Mailing Address 777 E. Wisconsin Ave.

City
Milwaukee

State
WI

Zip Code
53202

Purpose of Disbursement

Service Charge

Candidate Name

001

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 078C37E703E1CA0B7AB

Date of Disbursement

12 / 14 / 2009

Amount of Each Disbursement this Period

57.42

SUBTOTAL of Disbursements This Page (optional)

62.27

TOTAL This Period (last page this line number only)

62.27

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 249 / 253

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Adler for Congress	Transaction ID: 75C746497BE9205CD7D Date of Disbursement																				
Mailing Address 14 Knightswood Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	4		2	0	0	9												
City Marlton State NJ Zip Code 08053	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name John H. Adler	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011																					
B. Full Name (Last, First, Middle Initial) Blaine for Congress 2010	Transaction ID: 4D15C599E215DA6EEAB Date of Disbursement																				
Mailing Address PO Box 1526	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	0		2	0	0	9												
City Columbia State MO Zip Code 65205	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name Blaine Luetkemeyer	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011																					
C. Full Name (Last, First, Middle Initial) Castle Campaign Fund	Transaction ID: 9AE3576339AE9D41974 Date of Disbursement																				
Mailing Address PO Box 133	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	4		2	0	0	9												
City Wilmington State DE Zip Code 19899	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name Michael N. Castle	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011																					
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td colspan="10">4000.00</td> </tr> </table>	4000.00																			
4000.00																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 250 / 253

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Castle Campaign Fund	Transaction ID: 40D154D15489B648730 Date of Disbursement
Mailing Address PO Box 133	<div> <div>11</div> <div>24</div> <div>2009</div> </div>
City Wilmington State DE Zip Code 19899	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 General	<div>500.00</div>
Candidate Name Michael N. Castle	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy	Transaction ID: 567846D6288650E1CC5 Date of Disbursement
Mailing Address PO Box 127	<div> <div>11</div> <div>24</div> <div>2009</div> </div>
City Cheshire State CT Zip Code 06410	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary	<div>1000.00</div>
Candidate Name Christopher S. Murphy	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: 7939A9B4EFAF527E187 Date of Disbursement
Mailing Address 430 South Capitol Street, SE 2nd Floor	<div> <div>12</div> <div>02</div> <div>2009</div> </div>
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
Purpose of Disbursement 2009 Contribution	<div>7500.00</div>
Candidate Name Democratic Congressional Campaign Committee	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 251 / 253

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial) Hawkeye PAC, The	Transaction ID: 3E3F6FF01731DED6505 Date of Disbursement
Mailing Address PO Box 7255	<div> <div>12</div> <div>18</div> <div>2009</div> </div>
City Des Moines State IA Zip Code 50309	Amount of Each Disbursement this Period
Purpose of Disbursement 2009 Contribution Candidate Name Hawkeye PAC, The	<div>1500.00</div> <div>011 Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	
B. Full Name (Last, First, Middle Initial) Mel Watt for Congress Committee	Transaction ID: C3582D106A66BF5139C Date of Disbursement
Mailing Address PO Box 36831	<div> <div>12</div> <div>18</div> <div>2009</div> </div>
City Charlotte State NC Zip Code 28236	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 Primary Candidate Name Melvin L. Watt	<div>2000.00</div> <div>011 Category/ Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 12 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Moore for Congress	Transaction ID: 105184FEE0933E1F98A Date of Disbursement
Mailing Address PO Box 16646	<div> <div>11</div> <div>24</div> <div>2009</div> </div>
City Milwaukee State WI Zip Code 53216	Amount of Each Disbursement this Period
Purpose of Disbursement 2010 General Candidate Name Gwendolynne Moore	<div>1000.00</div> <div>011 Category/ Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)	<div>4500.00</div>
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 252 / 253

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A. Full Name (Last, First, Middle Initial)
National Republican Senatorial Committee

Mailing Address 425 Second Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2009 ContributionCandidate Name
National Republican Senatorial Committee011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼
Contribution

State: District:

Transaction ID: B10DEF63B54A76CC30E

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	0	9

Amount of Each Disbursement this Period

7500.00

B. Full Name (Last, First, Middle Initial)
Rangel for Congress

Mailing Address PO Box 5577

City New York State NY Zip Code 10027

Purpose of Disbursement
2010 PrimaryCandidate Name
Charles B. Rangel011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 15

Transaction ID: C296A21596EC5A3A81E

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	9

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
Stivers for Congress

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement
2010 PrimaryCandidate Name
Steve E. Stivers011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: E064EADD2DAAA8DD890

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	4		2	0	0	9

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

12000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 253 / 253

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Northwestern Mutual Life Insurance Company Federal PAC

A.

Full Name (Last, First, Middle Initial)

Stivers for Congress

Mailing Address 4679 Winterset Drive

City
Columbus

State
OH

Zip Code
43220

Purpose of Disbursement
2010 Primary

Candidate Name
Steve E. Stivers

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 15

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: CE5FD9967409A6B48AC

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2009

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

31500.00